



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 March 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Vision for Managed Practices
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Six out of seven Health Boards in Wales are responsible for the direct provision of General Medical Services through Health Board Managed Practices as a result of contract terminations. Hywel Dda University Health Board has five Managed Practices (January 2023) serving a total population of 33,579 patients which is 8.4% of the total registered population; with a sixth due to come under Health Board management on 1 April 2023, taking the registered population to circa 36,000.

Cefndir / Background

The following is a brief summary of each of the Managed Practices, including their current workforce models and most recent access data submitted as part of the Access Quality Improvement Programme which was introduced in 2022/23. It is important to note that this data has not been through any data quality check system and the focus over the coming months is to work with all GP Practices (managed and independent) to improve the quality of the reported data. The data is currently restricted in its use, subject to ongoing General Medical Services (GMS) contract negotiations.

The ratio of the clinical workforce per registered population has been calculated by looking at the level of advanced practitioner workforce and using a 2:1 approach when comparing with a GP e.g., one FTE physiotherapist and one FTE pharmacist would equate to one FTE GP. Practice nurses, phlebotomists, Health Care Assistants, etc have not been included in the calculation.

Historically, when a Practice has transitioned into Health Board management from independent contractor status, little work has been undertaken within the Health Board to understand the budget-setting, to ensure that it reflected the position of when the Practice was working at the maximum of their capabilities and income. The position of having a budget that is lower than an independent contractor GP Practice has added to the rhetoric that Managed Practices are financially more expensive to run than an independent contractor; the current budget for the five Health Board Managed Practices is circa £7m and expenditure as at Month

10 was shown as £5.9m, therefore there is the potential that the Managed Practices could be overspent against the current budgets at the end of the financial year. Work has started on reconciling the position for the Managed Practices, to fully understand the budgetary requirements and the establishment against which this needs to be calculated. When operating a GP Practice with a majority of GP Locums as the core workforce, costs are naturally higher than when operating on a salaried basis, although Hywel Dda University Health Board has managed to implement and cap these fees over the last five years. Staff costs also tend to be higher, as whilst staff TUPE to the Health Board's employment on their existing terms and conditions, often when new posts become available under Agenda for Change, staff tend to take these opportunities, as GP Practices do not have to employ on Agenda for Change terms and conditions.

Meddygfa Minafon, Kidwelly (Amman Gwendraeth Cluster)

Meddygfa Minafon became a Managed Practice in January 2015. The Practice has a list size of 8,441 with 12% of the patients registered at the Practice being >75 years old. The list size has steadily increased since becoming a Managed Practice.

Value

BY MONTH, YEAR

Month	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
October	7,957	7,960	7,910	7,867	7,748	8,038	8,239	8,295	8,329	8,454	8,472
July	7,975	7,927	7,904	7,892	7,832	7,846	8,197	8,252	8,306	8,408	8,465
April	7,965	7,914	7,927	7,908	7,839	7,711	8,138	8,271	8,287	8,367	8,441
January	7,971	7,930	7,940	7,926	7,854	7,718	8,118	8,253	8,264	8,347	8,447

Premises

The Practice operates out of two sites, Minafon in Kidwelly which is no longer fit for purpose due to its size and configuration, has recently had a change in landlord and Trimsaran which operates as a branch site out of a Community Centre. The Trimsaran site is currently closed subject to the completion of essential maintenance work.

Practice	Landlord	Occupied under	Rental £ PA
Meddygfa Minafon	Medical Impact Properties (lease transferred from Assura in September 2022)	Lease expired January 2021, lease under renegotiation. Terms held over	£45,295
Trimsaran Leisure Centre	Carmarthenshire County Council	Lease under negotiation with CCC	£9,000

Following a Healthcare Inspectorate Wales (HIW) inspection of Tenby Surgery in 2020, the Health Board undertook a review of all Managed Practice sites applying the standards which HIW had applied to the review of Tenby. This resulted in a number of areas identified across the Managed Practices (four at the time) where standards were found to be below that which would be expected in some key areas and required capital investment. A programme of work commenced in late 2022 with the expectation that it will conclude by April 2023. The work required at each practice is summarised below.

Practice	High-level summary of works 2022-23
Minafon	Replacement taps, repairs to Velux windows, reconfiguration of back office including removal of interior wall, replacement of fittings and worktops in all clinical rooms, replacement fittings in admin areas, redecoration, provision of secure external clinical waste storage area, maintenance to guttering, installation of security bollards at front entrance. Replacement flooring
Derwendeg Surgery, Trimsaran	Installation of wall-mounted dispensers, removal of existing open shelving and redecoration, replacement heater. Replacement flooring

Workforce

The Practice currently shares a Clinical Lead with Meddygfa'r Sarn and whilst a recent recruitment exercise has led to the appointment of a salaried GP, the Practice mainly relies on GP locums to provide General Medical Services and remote triage sessions are provided from the GP Hub. The GP Physicians Associate Development Manager also undertakes his clinical commitment at Meddygfa Minafon. The clinical staffing ratio to registered patient population is 1 FTE to 1,583 patients.

Role	Number in staff group	FTE
Salaried GP	6	1
Locum GP	8	3.75
Advanced Nurse Practitioner	1	0.4
Advanced Paramedic Practitioner	0	0.0
GP-PA	2	1.0
Practice Nurse	5	3.25
HCSW	2	0.97
Pharmacist	3	1.06
Pharmacist technician	1	0.20
Phlebotomist	2	0.13
Management	2	1.8
Receptionists	9	7.2
Other Admin/Non-clinical	4	3.72
Domestic/Caretaker/ Cleaners	1	0.53

Access

Between September 2022 and November 2022, the Practice saw 21,485 patients' appointments; however, there was an average of 4.9% Did Not Attend (DNA) rate. During the same time period, the Practice received 19,778 telephone calls with 32% of those answered within two minutes. 66,530 items were issued on prescription in the same time period.

Meddygfa'r Sarn, Pontyates (Amman Gwendraeth Cluster)

Meddygfa'r Sarn became a Health Board Managed Practice in October 2017. The Practice has a list size of 4,282 patients with 8.6% aged 75 and over. Whilst there has been some minor fluctuation in the list size, overall the number of patients registered has been consistent.

Value

BY MONTH, YEAR

Month	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
October	4,039	4,093	4,157	4,290	4,425	4,285	4,167	4,185	4,156	4,262	4,347
July	4,033	4,079	4,124	4,240	4,348	4,262	4,184	4,174	4,143	4,229	4,339
April	4,027	4,036	4,122	4,219	4,321	4,482	4,204	4,154	4,158	4,199	4,282
January	3,994	4,058	4,104	4,177	4,318	4,453	4,231	4,143	4,182	4,163	4,286

Premises

The Practice building is owned by the former partners to the Practice but is not fit for the provision of modern General Medical Services. The Practice is on a flood zone and is limited in its footprint, both of which impact significantly on the ability to modernise the premises to the extent that the Health Board would wish.

Practice	Landlord	Occupied under	Rental £ PA
Meddygfa'r Sarn	Former partners	Lease in place from 02/10/2020	£23,100

A long-standing issue at Sarn has been the lack of staff room and/or rest area, which has been flagged in staff stress risk assessments and cited as a reason for staff turnover. Staff currently either eat lunch at their desks or in their cars. The lack of space restricts the Community and Cluster services that the Practice is able to host, which in turn impacts on patient accessibility to services.

Practice	High-level summary of works, Sept-Nov 2022
Sarn	Replacement flooring, waiting area: removal of fixed benching and replacement with seating, replacement of fixed-pane windows. Creation of new cleaners' storage cupboard. Replacement of fixed unit Reception front desk. Removal of open shelving in admin area, fixing of O2 storage, replacement taps, replacement baby change unit. Retiling in staff toilet. Redecoration. External: new waste storage unit, reset inspection chamber covers, repairs to paving area, security lighting, reline car park.

Workforce

The Practice shares a Clinical Lead with Meddygfa Minafon, however it is important to note that historically there were two Clinical Leads in post, each with a designated Practice (Minafon and Sarn). There is Service Level Agreement in place with Tumble Surgery for two

sessions of GP time each week, otherwise the clinical workforce is heavily reliant on GP locums. The clinical staffing ratio to registered patient population is 1 FTE to 1,086 patients.

Role	Number in staff group	WTE
Salaried GP	1	0.5
Locum GP	9	2.1
Advanced Nurse Practitioner	1	0.1
Advanced Paramedic Practitioner	0	0
GP-PA	2	0.7
Practice Nurse	4 (1 on Mat Leave)	2 (incl 0.9 on Mat Leave)
HCSW	1	0.7
Pharmacist	2	0.9
Pharmacist technician	2 (1 on Mat Leave)	1 (incl 0.4 on Mat leave)
Phlebotomist	0	0
Management	3 (1 on Mat leave)	2.6 (incl 0.8 on Mat Leave)

Access

Between September 2022 and November 2022, the Practice saw 8,508 patients for appointments; however, there was an average of 3.4% Did Not Attend (DNA) rate. During the same time period the Practice received 6,640 telephone calls with 76% of those answered within two minutes. 29,347 items were issued on prescription in the same time period.

Tenby Surgery (South Pembrokeshire Cluster)

Tenby Surgery became a Health Board Managed Practice in August 2018. The Practice serves a registered population of 7,186 patients and 13.4% of its patients aged >75 years. The list size has decreased slightly during this period.

Value

BY MONTH, YEAR

Month	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
October	8,839	8,801	8,586	8,323	8,121	7,979	7,562	7,360	7,266	7,271	7,218
July	8,838	8,783	8,631	8,396	8,164	8,002	7,623	7,404	7,275	7,267	7,188
April	8,808	8,755	8,699	8,459	8,194	8,019	7,840	7,417	7,248	7,296	7,186
January	8,854	8,785	8,760	8,517	8,263	8,059	7,926	7,497	7,293	7,393	7,227

Estates

The Practice is situated next door to the Tenby Walk In Centre and is under a lease with the former GP partners. There have been a number of approaches from commercial companies regarding the future ownership of the building within the last 12 months.

Practice	Landlord	Occupied under	Rental £ PA
Tenby Surgery	Former Partners	Licence to occupy, lease under negotiation	£75,000

Practice	High-level summary of works, Sept-Nov 2022
Tenby	Replacement flooring, taps, blinds, noticeboards. Redecoration. Installation of exterior security lighting, reline car park

Workforce

At the time of writing, the Clinical Lead post is out to advert following the retirement of the most recent postholder in December 2022. The one Full Time Equivalent salaried GP post at the Practice was a combination of two roles, one of which is now vacant and out to advert; however there is an experienced Advanced Paramedic Practitioner and Pharmacist within the team. The clinical staffing ratio to registered patient population is 1 FTE to 1,183 patients.

Role	Number in staff group	FTE
Salaried GP	2	1
Locum GP	10	3.4
Advanced Nurse Practitioner	1	0.4
Advanced Paramedic Practitioner	1	1
GP-PA	0	0
Practice Nurse	3	2.3
HCSW	2	1.5
Pharmacist	2	1
Pharmacist technician	2	1.2
Phlebotomist	0	0
Management	2	1.7
Receptionists	10	6
Other Admin/Non-clinical	5	3.9
Domestic/Caretaker/ Cleaners	2	0.8

Access

Between September 2022 and December 2022 (October 2022 data was not available and therefore not included), the Practice saw 11,877 patients for appointments; however, there was an average of 19.5% Did Not Attend (DNA) rate, which appears to be considerably higher than other Managed Practices, work is ongoing to understand whether this is an accurate reflection of the position in Tenby Surgery or if this is an anomaly with the data. During the same time period the Practice received 69,168 telephone calls (almost double the number of

calls received in December compared to November 2022) with 25% of those answered within two minutes. 8,948 items were issued on prescription in the same time period.

Ash Grove Surgery, Llanelli (Llanelli Cluster)

Ash Grove Surgery became a Health Board Managed Practice in 2017. The Practice serves a population of 7,717 patients with 11% aged >75 years and its list size has remained fairly stable since becoming a Managed Practice.

Value

BY MONTH, YEAR

Month	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
October	8,038	7,791	7,787	7,741	7,827	7,720	7,675	7,699	7,725	7,747	7,762
July	8,041	7,831	7,792	7,729	7,805	7,797	7,770	7,677	7,702	7,719	7,727
April	8,020	7,878	7,802	7,713	7,798	7,827	7,774	7,658	7,729	7,726	7,717
January	8,022	8,018	7,803	7,755	7,784	7,836	7,763	7,667	7,688	7,729	7,743

Estates

Practice	Landlord	Occupied under	Rental £ PA
Ash Grove Surgery	Assura, via former partners	TIR lease expires 01/09/2024	£157,900

Practice	High-level summary of works, Sept-Nov 2022
Ash Grove	Replacement flooring, lighting, dispensers, taps. Repairs and maintenance of heating system, fire doors, automatic doors. Redecoration. Creation of secure external refuse area, repairs to boundary fencing.

Workforce

The Practice has a Clinical Lead and one part time salaried GP (currently on long term sick) and is mainly reliant on GP locums to deliver general medical services; however, through recent recruitment we have been successful in adding a GP Physician's Associate to the team who is working with our GP-PA Development Manager to support their transition into working in General Practice. The clinical staffing ratio to registered patient population is 1 FTE to 1,121 patients.

Role	Number in staff group	FTE
Salaried GP	2	1.42
Locum GP	11	3.106
Advanced Nurse Practitioner	3	2
Advanced Paramedic Practitioner	0	0
GP-PA	1	1

Practice Nurse	6	3.02
HCSW	2	1.45
Pharmacist	2	1
Pharmacist technician	2	0.8
Phlebotomist	0	0
Management	2	2
Receptionists	9	6.05
Other Admin/Non-clinical	2	1.56
Domestic/Caretaker/ Cleaners	2	0.8

Access

Between September 2022 and November 2022, the Practice saw 18,326 patients for appointments; however, there was an average of 3.7% Did Not Attend (DNA) rate. During the same time period the Practice received 20,216 telephone calls with 26% of those answered within two minutes. 64,389 items were issued on prescription in the same time period.

Neyland and Johnston Surgery, (South Pembrokeshire Cluster)

Neyland and Johnston Surgery became a Health Board Managed Practice in November 2022. The registered patient list is 5,953 and 11.2% of patients are aged >75 years old. The increase in the list size in October 2019 was linked to the transfer of the patients who previously accessed St Clements Surgery as a branch of Argyle Surgery.

Value

BY MONTH, YEAR

Month	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
October	3,327	3,330	3,430	3,514	3,551	3,636	3,744	6,002	5,993	6,024	5,887
July	3,308	3,331	3,410	3,483	3,536	3,612	3,686	5,993	6,010	5,998	5,933
April	3,290	3,332	3,346	3,449	3,501	3,600	3,659	5,995	6,019	5,979	5,953
January	3,290	3,336	3,352	3,448	3,495	3,592	3,650	5,955	6,014	5,999	6,017

Estates

The Practice operates across two sites; St Clements, which is owned by the Argyle GP Practice and subject to a licence to occupy (lease negotiations are underway) with the Health Board, and Johnston which is owned by the former GP Partners. At the time of writing, the Johnston Practice is closed due to essential maintenance required to ensure the building is safe for use. Neither building has the space required to be able to provide modern General Medical Services. There have been some initial discussions regarding the potential for the Practice to be housed in the proposed Windsor Gardens development in Neyland; however, this would involve certain space restrictions which could result in the Practice being relocated into a residential site with limited opportunities for service development.

Workforce

Since taking over the management of the Practice in November 2022, adverts have been placed for salaried GPs and a Clinical Lead with limited success. There is, however, a pool of regular locum GPs who deliver sessions at the Practice, and recruitment into a number of key

roles has supported the effective delivery of services. The clinical staffing ratio to registered patient population is 1 FTE to 1,490 patients.

Role	Number in staff group	FTE
Salaried GP	0	0
Locum GP	11	3
Advanced Nurse Practitioner	2	1.6
Advanced Paramedic Practitioner	0	0
GP-PA	0	0
Practice Nurse	2	1.15
HCSW	2	1.33
Pharmacist	0	0
Pharmacist technician	1	0.4
Phlebotomist	1	0.21
Management	2	1.71
Receptionists	6	4.32
Other Admin/Non-clinical	2	1.36
Domestic/Caretaker/ Cleaners	0	0

Access

Between September 2022 and November 2022, the Practice saw 9,548 patients for appointments; however, there was an average of 7% Did Not Attend (DNA) rate. The data on telephone calls and prescribing was not available at the time of writing.

Asesiad / Assessment

Current Status

At the point that Neyland and Johnston transitioned to a Managed Practice in November 2022, a commitment was made by the Board, that the Contract would be subject to procurement within a 12 month period with a view of returning the Practice back to Independent Contractor status. It would, therefore, seem prudent to expect that any further Managed Practices from this date would be subject to the same agreement, as this allows for a period of stability and Practice development. There is, however, the need to consider the status of Managed Practices against the longer-term vision for the provision of sustainable Primary Care services.

Previous attempts at returning a Managed Practice back into Independent Contractor status (Tenby Surgery in 2019) failed due to the lack of commercial interest in the Practice (the bidder costs exceeded the value of the GMS contract). However, the ability exists under the Accelerated Cluster Development programme to consider awarding Alternative Provider Medical Services (APMS) Contracts, alongside the potential for Community Interest Companies (CIC) to deliver services. There has historically been a varied approach to Procurement across Health Boards, and agreement of a consistent national approach would be welcomed, as the current model of procurement does not fit neatly with the commissioning of Contractor services. It is understood that there are national discussions underway which will support an improved process for the procurement of Primary Care contracts.

Whilst there is a commitment within the Health Board to support, promote and develop the established Independent Contractor Status, in line with local and national strategic direction, it must be recognised that there have, nevertheless, been benefits to the delivery of the Health Board's operational services as Managed Practices which have had key roles in delivering the Alternative Primary Care Service, the health assessment service for people seeking asylum placed at Penally Army Camp and have acted as a delivery arm for the COVID-19 vaccination programmes. They have also been a pivotal resource in enabling the Health Board to develop a data set which provides a different context on the delivery of GMS as part of the wider health system and have provided a platform for workforce development. There is a recognition that, moving forward, there needs to be a mixed model of service provision through a variety of contractual mechanisms that bridge across the contractor groups and that this will be addressed through a wider strategy for Primary Care services which will be considered by the Board in early 2023.

In considering the workforce, Managed Practices have enabled the Health Board to trial models of working, in Practices which were historically more traditional in their workforce approach. Pharmacists, Pharmacy Technicians, Physician's Assistants and Advanced Practitioners (Paramedics and Nurses) have now all been employed and embedded into the clinical teams as part of the development of the Primary Care Model for Wales which remains pivotal in the future strategic direction of Primary Care. Whilst this is a key development to ensure the safe and effective provision of GMS, and whilst there has been significant success in recruiting into the multi-disciplinary team, the model is reliant on there being strong clinical leadership and GP presence within the Practice to have oversight of the delivery of clinical care. There is scope for further work to be undertaken to develop hybrid working models between in hours Managed Practices, and the Out of Hours service across the clinical professional groups, as well as examining more innovative portfolio roles with Secondary Care departments e.g., Dermatology. Key to supporting any innovation around roles will be the need for a variety of employment Contract terms that enable flexibility in the way in which professional roles can work across services.

It is important to note that, whilst there has been an improvement in the success of recruitment into salaried GP roles, there continues to be a challenge, with a majority GP locum workforce. It is anticipated that the introduction of the Primary and Community Services Academy, which has been established with HEIW funding to support the development of education, training and workforce planning will help to address certain of the current workforce challenges, by establishing important links with training and education providers – as well as with students – to understand what makes life in modern General Practice attractive.

Work has recently been undertaken to review and modernise the Practice Manager role and with the increase in the number of Managed Practices the opportunity for leadership roles across specific areas has been identified and implemented. Whilst each Practice continues to have its own operational management teams, there is greater economies of scale in using the Managers to share areas of specialist interest to assist with standardisation of systems and processes and ensuring best practise.

There is also a need to consider the current estate and configuration of the Managed Practices, recognising that certain of the longest held Practices would be considered to be unattractive in their current state if they were subject to any procurement exercise to move them back into independent contractor status, and that they are also restricted in their opportunities for workforce and service development due to restrictions in outdated buildings. Any future work will be dependent on discussions with current landlords and will need to be built into the Capital planning process.

All of this work is underpinned by a significant piece of work on governance, quality and safety to ensure that Managed Practices can operate at the highest standard possible. It is important to note that the Health Board holds the current Managed Practices to the General Medical Services contractual requirements, as well as exposing them to the standards set internally by the Health Board which are applicable across all clinical areas. Where standards of performance fall short of what should and can be expected, remedial action plans are developed, with clear timescales to evidence improvement.

Desired Future

Whilst Managed Practices cannot be considered in isolation of a wider Primary Care Strategy, there needs to be specific consideration of the model that the Health Board wishes to support, recognising the ongoing sustainability issues which are a local and national issue.

Whilst there are recommended actions for each individual Practice, the themes of workforce development, contracting models, etc, are all issues which will underpin the ongoing success of Managed Practices as well as supporting the development of innovative models of delivery.

Meddygfa Minafon and Meddygfa'r Sarn

To improve and further develop the workforce model and to modernise the estate it is proposed that Meddygfa Minafon and Meddygfa'r Sarn are merged into a single Practice retaining a branch site (current Trimsaran). This would allow for negotiations to take place with the landlord for Meddygfa Minafon to consider further development on the site which would address the increasing need for improved clinical space as well as space for staff rest rooms etc. This proposal would be subject to consultation; however, it is felt that the principle of a single Practice to serve the joint population is something which should be tested. As part of this work, the current Practice boundaries would need to be considered and any proposed amendment discussed with neighbouring Practices to understand any unintended consequences of the proposed changes. There is no scope for any further development on the Meddygfa'r Sarn site and, therefore, this provides an opportunity to enhance the service provision for the population.

Tenby Surgery

Further consideration needs to be given to the potential development of Tenby Surgery (maintaining its status as a Health Board Managed Practice) in alignment with the Walk In Centre to test whether a new model of care could be developed across an integrated team. Initial conversations regarding the potential for developing a Health Campus in Tenby have started at a County level. Maintaining GMS provision throughout the year whilst balancing this with the increased demand during the holiday period could result in the development of an innovative model which fits with local and national strategic direction. In undertaking this approach, consideration should be given to the ownership of the site to allow for appropriate development to take place.

Ash Grove Surgery

Maintaining Ash Grove Surgery as a Health Board Managed Practice could be key in supporting any future sustainability pressures in independent contractor Practices within Llanelli and the surrounding area. The clinical lead has previously identified an aspiration to become a training Practice which would assist with recruitment and retention in the area. The close proximity to Prince Phillip Hospital should also allow for innovative cross-service roles to be developed across Primary and Secondary care. Links to the proposed Pentre Awel development also need to be considered and this would be a key part of the work programme for the Primary and Community Services Academy.

Neyland and Johnston

In line with the Board agreement in September 2022, the contract will be put out for tender to seek expressions of interest in a GMS or APMS contract in Autumn 2023, with the aim of a contract being awarded for April 2024 at the latest. If the procurement process is unsuccessful, then the recommendation would be that Neyland and Johnston is maintained as a Health Board Managed Practice and that a renewed focus on the Practice being part of a new estates development is progressed, to secure a site which is appropriate for the delivery of modern General Medical Services.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the progress that has been made in following the Primary Care Model for Wales in modernising the workforce structure across the Managed Practices and recognise the ambition to continue to increase and develop the potential for a variety of clinical roles in General Practice.
- **SUPPORT** further work to test the potential for a single Practice entity to deliver General Medical Services across Meddygfa Minafon and Meddygfa'r Sarn, noting that the Practice would remain as a Health Board Managed Practice by Autumn 2023.
- **SUPPORT** further work to scope the potential for a new model to be considered for Tenby Surgery and the Walk In Centre, whilst retaining it as a Health Board Managed Practice, by Autumn 2023.
- **AGREE** that Ash Grove remains a Health Board Managed Practice and that work is progressed to develop a plan for training status by Spring 2024.
- **NOTE** the proposed plan and timescale for Neyland and Johnston, in light of the former Board decision.
- **SUPPORT** the recommendation that any new Health Board Managed Practices are maintained for an initial period of 12 months to allow for stabilisation and service development, before future options are considered for the ongoing delivery of General Medical Services either through GMS or APMS.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 5. Timely Care 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 5. Safe sustainable, accessible and kind care

Amcanion Cynllunio Planning Objectives	3I Primary Care Contract Reform
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termau: Glossary of Terms:	TUPE - Transfer of Undertakings (Protection of Employment)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	N/A
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A