



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	28 May 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Meddygfa'r Sarn
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
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

On 31 October 2025 the Vacant Practice Panel (VPP) met to examine the future provision of General Medical Services (GMS) for the patients of Meddygfa'r Sarn which is a Health Board Managed Practice in Pontyates. The VPP examined the options to assess their viability and made a recommendation for a managed dispersal of the registered patient list across neighbouring GP practices from 1 April 2026.

On 29 January 2026, in line with the Health Board agreed process, this recommendation was discussed at the Public Board meeting. The Board noted the recommendation, alongside concerns expressed by some stakeholders, and agreed that an eight-week period of public engagement should be undertaken, with the outcome presented to the Public Board meeting on 28 May 2026.

This report summarises the patient and stakeholder feedback from this engagement period and identifies the main themes and areas of concern that have emerged.

Cefndir / Background

Following the Board meeting of 29 January 2026, a period of public engagement was instigated from 9 February to 6 April 2026 (eight weeks) to raise awareness of the recommendation for the managed list dispersal and to enable patients and stakeholders to share their views through a variety of means. These were:

- In-person, at any of the three public engagement drop-in events in Pontyates on 24 February 2026, Pontyberem on 3 March 2026 and Carway on 31 March 2026
- By questionnaire, enclosed with letter to all patients: collection boxes for paper questionnaires at Meddygfa'r Sarn and Pontyates Community Pharmacy
- Online, completing the digital version of the same questionnaire hosted on the Health Boards Have Your Say / Dweud eich Dweud sites
- By telephone, via the Communication Hub
- By email, at ask.hdd@wales.nhs.uk, or
- In writing, to the Health Board

The letter sent to all patients with the questionnaire is attached at [Appendix 1](#); the questionnaire included standard equality monitoring questions to help inform the assessment of the impact of the dispersal on people with protected characteristics. Contact details for Llais were also enclosed.

The draft public engagement plan was shared with Llais and an updated version is attached at [Appendix 2](#). This plan summarised the approach to engagement, the details of the three drop-in events (totalling 13 hours of in-person engagement), press releases and a weekly log of activities. At week four a summary of the engagement was shared with Llais as part of the midpoint review.

A Power Point summary of the engagement feedback is at [Appendix 3](#).

Patient Feedback

The number of responses from patients to the invitation to feedback was high and is appended to this report:

- 957 questionnaire responses ([Appendix 4](#))
- six emails ([Appendix 5](#))
- four telephone calls ([Appendix 6](#))
- three letters ([Appendix 7](#))

Some people told the Health Board that they had responded more than once or by more than one method so the number of responses will exceed the number of people who responded. Similarly, some people attended more than one of the drop-in events. All responses are attached to this report verbatim, with some redactions where people shared names or other potentially identifiable information. Eight responses were received in Welsh, and these were translated and included in [Appendix 4](#). Correspondence from the 'Save Sarn Surgery Community Working Group' group is referenced separately below.

The questionnaire included a standard equality monitoring survey to help inform how the proposed dispersal would affect people's individual circumstances, however participation in this part of the questionnaire was lower and the information shared is partial. Based on the questionnaire responses received:

- 68.3% of respondents were aged over 55
- 54.9% of respondents were women
- 59.4% of respondents said they had been to the practice in the last month
- 21% of respondents said they walked to the practice

Questions seven and eight were open questions to allow patients to share their individual perspectives and their estimation of what the impact of the managed dispersal would be on themselves and their families.

Three public engagement drop-in events were held, all well-attended, and summary reports for each of the three events are at [Appendix 8](#) for Pontyates, [Appendix 9](#) for Pontyberem and [Appendix 10](#) for Carway.

A report detailing the social media feedback to the Health Board posts on the engagement is at [Appendix 11](#).

Early in the engagement and following the Public Board meeting in January 2026, members of the community formed a 'Save Sarn Surgery Community Working Group' and there have been several correspondences from this group. This has included a letter of formal complaint ([Appendix 12](#)) and an 'Independent Review Report' ([Appendix 13](#)) with a petition documented in the 'Independent Review Report' (Senedd Petitions Committee – 985 signatures) and a 'Save Sarn Surgery Community Working Group Survey Results'.

Stakeholder feedback

All identified stakeholders, including other local primary care contractors, service providers, third sector organisations, local authority, Dyfed Powys Local Medical Committee (LMC) and regional and local politicians were written to at the outset of the engagement period, to invite feedback ([Appendix 14](#)). In addition, Members of the Primary Care team, together with the Engagement team, met with the local council representatives during the early stage of the engagement on 9 and 10 February. Feedback has been received from (in alphabetical order):

- Adam Price AS MS ([Appendix 15.1](#))
- Carmarthenshire County Council ([Appendix 15.2](#))
- Councillors Alex Evans, Meinir James and Tyssul Evans ([Appendix 15.3](#))
- Councillor Meinir James ([Appendix 15.4](#))
- Councillor Sean Rees, Llanelli Town Council ([Appendix 15.5](#))
- Councillor Tyssul Evans ([Appendix 15.6](#))
- Joyce Watson MS ([Appendix 15.7](#))
- Kidwelly Town Council ([Appendix 15.8](#))
- Lee Waters MS ([Appendix 15.9](#))
- Llandyfaelog Community Council ([Appendix 15.10](#))
- Nia Griffiths MP ([Appendix 15.11](#))
- Presbyterian Church of Wales ([Appendix 15.12](#))

The letter response from the Senedd Petitions Committee is at [Appendix 15.13](#).

Larger datasets from the engagement have been analysed with the assistance of Microsoft 365 Copilot and/or Chat GPT.

Asesiad / Assessment

A high number of responses have been received with negative feedback on the proposed managed list dispersal. Whilst some patients had some understanding and insight into the workforce and premises challenges being experienced by the practice, none felt that a managed dispersal and the withdrawal of the service from Pontyates was the answer. The strength of feeling from residents of all parts of the practice area was apparent, with the largest number of responses from Pontyates itself.

Feedback via the questionnaire, email, telephone and letter reflected the views articulated at the three drop-in events. Many patients were hostile to any changes which distanced them geographically from services and, whilst patients recognised the complex issues being faced by the practice, they felt that the Health Board should seek solutions that demonstrate investment and commitment to services in Pontyates rather than relocating services.

The 'Save Sarn Surgery Community Working Group' has been organised to oppose the recommendation on a community basis. Local Councillors have actively advocated for their residents, and the engagement period has taken place just ahead of the pre-election period when the profile of public services is higher and the public debate more prominent.

Patients have focussed on very practical and tangible issues such as public transport, whilst also articulating a more complex picture around the community's sense of security being linked to the building's location in the village. Comments have been negative of the proposed managed list dispersal and the potential impact on vulnerable groups, with some discussions on potential alternative ideas and solutions.

Social media feedback primarily expressed concern about the proposed list dispersal, with comments emphasising the importance of maintaining a local GP provision for access, continuity of care and community wellbeing. Comments include the potential impact on older people, disabled and patients without a car due to limited public transport; concerns regarding the capacity of neighbouring GP practices to safely absorb additional patients; and perceived risks to access, waiting times and patient safety. There were 46 comments in total, and the overall sentiment is predominantly negative of the Health Board; however, some were variable about Meddygfa'r Sarn. Whilst many comments highlight positive experiences of care at the practice, a smaller number note variability in access and the quality of the service.

Stakeholder feedback also opposed the proposed service change. Local councillors all strongly opposed the proposed managed list dispersal, citing the impact on vulnerable patients, health inequalities and inadequate public transport. Similar themes were raised by local and national politicians, with a sole mitigation suggested of retaining Meddygfa'r Sarn as a branch surgery of Meddygfa Minafon if no alternative can be found to closure.

Equality Impact Assessment

A full Equality Impact Assessment has been undertaken in the light of the anticipated impacts identified in the engagement feedback ([Appendix 18](#)). This identifies that older people, people with disabilities, unpaid carers, and those on lower incomes may be disproportionately affected due to increased travel distances, reduced access to private transport and dependence on public or community transport. It is also observed that rurality and socio-economic factors may worsen access challenges.

Mitigations include an appeals process for allocations, so those patients with extenuating circumstances could appeal to have their allocation moved to their preferred practice, and community transport options.

Travel and transport

Travel and transport were the single most prominent issues raised in all contexts, with almost every item of feedback referring to this. 71% of people who responded to the questionnaire said they currently drove to Meddygfa'r Sarn, with 21% of people saying they walk to the practice. Currently the use of buses (public transport) is low (6-7%). People felt that elderly and disabled patients who are dependent on public transport would be negatively affected, as would those with chronic conditions who need to attend regularly.

Patients talked about both the lack of direct bus routes and infrequent services where these exist. Some patients told us that if they had to use the bus to travel from their home to the practice they would be allocated to, this could necessitate a lengthy journey into Carmarthen and back out again. The distance between Meddygfa'r Sarn in the centre of Pontyates and

Coalbrook Surgery in Pontyberem is three miles (six minutes on the B4317), however many patients said that although they drive from their home to Meddygfa'r Sarn currently they would be unable to travel any further.

People also talked about local taxis as prohibitively expensive in the context of cost-of-living pressures. Enquiries with local taxi firms have established that a return trip from Pontyates to Pontyberem would be in the region of £15. When asked about mitigations for the challenges of travel a few people talked about the potential for the NHS to subsidise travel costs. There were a few indirect references to community transport schemes; however, patients did not appear to be aware of the existing provision or whether this could be developed to meet their needs.

The 'Save Sarn Surgery Community Working Group' report ([Appendix 13](#)) emphasised that the real-world impact of longer journeys for the majority of people is not reflected in the relatively short distances (3 - 6.6 miles) because of the paucity of public transport options and the disproportionate effect on vulnerable groups in a rural area.

Enquiries with Dolen Teifi by the Community Transport and Primary Care teams has established that there are dedicated and fully accessible vehicles (minibus and car) based in Kidwelly, Tumble and Cross Hands and that the potential to provide a service to cover some journeys exists, if resources allow. Dolen Teifi is a non-profit making community transport organisation operating in parts of Carmarthenshire and Ceredigion, which aims 'to provide affordable and accessible transport to individuals, organisations and groups to help achieve social change in our community'. Discussions with organisers at Dolen Teifi have established that it may be possible to put a service in place with volunteer drivers on a passenger-paying basis at 59p per mile with booking required in advance; however, this may be less reliably provided due to the volunteer nature of the service. Indicative options for a paid driver to include passengers paying 59p per mile and the Health Board covering the costs of the driver, and a fully funded model with all costs covered by the Health Board are at [Appendix 16](#). One of these three models (volunteer or paid) may provide significant mitigation for the dominant concern of many respondents.

Approaches have been made to Carmarthenshire County Council, to explore whether any improvements could be made to the provision of service buses (routes and frequency).

Housing

A number of people raised concerns about a new housing development in the practice area and the presumed impact on patient numbers and access to services. Enquiries with Carmarthenshire County Council have shown that no new social housing is currently planned in Pontyates. However, there is a large development in Carway (Dandara - 141 new homes, 125 of which are private), and much smaller numbers of new homes under construction in Meinciau and Pontyates which are regarded as village-level growth. The Dandara development in Carway is partially complete, with 106 new patient registrations (2.4%) with Meddygfa'r Sarn. Based on this information from the local authority, new housing in the area is not considered as a significant factor in service planning.

Premises

A number of patients raised the issue of the existing surgery building in response to Health Board assertions about its condition and suitability. Patients viewed any flaws as the responsibility of the Health Board to address in preference to the proposed list dispersal. Patients either disputed that the building was small or maintained that it was the responsibility of the Health Board to extend it. Many felt that the location and familiarity outweighed any

other concerns and that the way forward was investment in improvements. Others suggested alternative locations in Pontyates, including repurposing existing underused buildings. Some patients linked the expiry of the lease with the timing of the proposed managed dispersal.

In contrast people felt that the receiving practices were overcrowded and concerns about parking were raised. Meddygfa'r Sarn has seven parking spaces and two disabled bays with nearby free parking for 42 vehicles. Coalbrook Surgery has a drop-off point/disabled parking at the front for approximately five vehicles with nearby free parking for 56 vehicles. Minafon has two disabled bays and ten spaces.

A report from Asbri Planning on the flood risk at Meddygfa'r Sarn is at [Appendix 17](#).

Workforce

Many of the people who attended the drop-in events wanted to ask questions about GP locum dependence and GP recruitment, and this was a recurring theme across all modes of feedback. Many patients felt that not enough had been done more recently to try to recruit salaried GPs into the practice and that continuity of care was an issue as a result. Others said the small group of regular locum GPs at the practice provided some continuity and relationships which would be lost if they had to transfer to another practice. People described not wanting to 'start from scratch' with a new doctor every time. Some patients at the drop-in events were aware of broader national challenges with GP recruitment but felt that additional financial incentives should be offered and alternative models explored, including more multi-disciplinary roles.

Capacity and staffing at other practices were repeatedly raised as a concern, with the perception that receiving practices are already understaffed and overstretched and that the proposed managed list dispersal would exacerbate pressures on appointment availability. There was limited awareness that staff currently employed at Meddygfa'r Sarn staff would transfer across to the receiving practices with the patients in line with Transfer of Undertakings (Protection of Employment) TUPE Regulations.

The Health Board has undertaken a detailed assessment of the proposed transfer of the managed GP practice and considers that the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) are likely to apply. This is on the basis that the proposal constitutes a service provision change, whereby responsibility for delivering General Medical Services will transfer from the Health Board to an independent GP contractor, with those activities continuing in fundamentally the same form. It is anticipated that approximately 67% of the registered patient population will transfer to a single receiving practice (Coalbrook Surgery), and therefore the majority of the service activity will move to that provider. In these circumstances, TUPE is likely to apply on a proportionate basis, meaning that employees who are wholly or mainly assigned to the transferring services will transfer to the receiving contractor. Where roles support both transferring and non-transferring patients, an assessment will be required to determine the extent to which individuals are assigned to the transferring activity; this may result in full transfer for some staff, and in more complex cases, consideration of whether roles can or should be split or retained, noting the practical and legal challenges of dividing contracts across employers it is our preferred view to transfer or retain contracts in their entirety. Overall, there remains a clearly identifiable organised grouping of employees delivering most of the services that are transferring, and TUPE protections are therefore engaged. The Board should note that failure to recognise and apply TUPE appropriately in this context carries significant legal and financial risk, including potential claims for automatic unfair dismissal, unlawful failure to inform and consult, and disputes regarding employee assignment.

It should be noted that discussions with Coalbrook Surgery on TUPE have paused, pending the outcome of the Board's deliberation; however, initial discussions had indicated that any significant increase on staffing levels could impede the conclusion of these discussions. As with previous managed list dispersals, the receiving practices can apply to the Health Board for transitional financial support to provide additional resources to assist with the assimilation of new patients, the assessment of their health needs and the integration into the receiving practice's model of care (£30 per patient).

A period of staff engagement has been underway with the staff at Meddygfa'r Sarn and the current uncertainty has been challenging.

Expressions of Interest

The Board is asked to note that a small number of informal expressions of interest in the GMS Contract for Meddygfa'r Sarn have been received during the engagement period. Whilst these are welcomed, the interest has been expressed without any financial or business information being shared by the Health Board, and it would be expected that any interested party would need to undertake their own due diligence before taking on a new GMS contract. For a GMS contract to be awarded for Meddygfa'r Sarn, there would need to be the agreement by Board that this is an option which should be explored through an open procurement process, in line with Provider Selection Regime (PSR) Regulations.

The Vacant Practice Panel Terms of Reference approved by Board in October 2024 were reviewed by the Primary Care Contract Review Group in September 2025, as they had been revised to include the following under Operational Responsibilities:

3.1 The Panel will, in respect of its provision of advice to the Board:

3.1.1 Ensure that full consideration is given to how best to provide services to the Practice population, taking into account local sustainability issues.

3.1.2 Present a recommendation to the Board for the future provision of primary medical services to the Practice population.

3.1.3 The Chair may convene a subsequent Vacant Practice Panel meeting to review the work undertaken or any other developments following the recommendation of the first Panel meeting, and to review feedback from any public engagement activity.

In accordance with 3.1.3. it is proposed that a subsequent Vacant Practice Panel is not convened to consider the public engagement feedback as this had been requested by the Board at its meeting in January 2026 to enable further consideration of the option of managed list dispersal originally proposed by the Vacant Practice Panel. It is proposed, in the interests of expediency in addressing the future of Meddygfa'r Sarn, that Board members can in this instance direct the market testing for an independent contractor to take a GMS or APMS contract for the Practice. It is important to note that the Vacant Practice Panel can only make a recommendation to the Board in line with the agreed Terms of Reference; therefore, constituting a further Vacant Practice Panel will add a significant delay into the process for both staff and patients.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the feedback from the public engagement period
- **NOTE** the informal expressions of interest received during the engagement period into the procurement of the GMS/APMS Contract for the Practice

- **AGREE** that a procurement process should be undertaken to test the feasibility for an independent contractor to take a GMS or APMS contract for Meddygfa'r Sarn, with VPP constituted to consider the outcome and make a recommendation to a future Board meeting on the way forward

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1451 Sustainability of GP Practices 1852 Non-compliant premises (Managed Practices) 1109 No doctor days in Managed Practices due to challenges in securing GP cover
Parthau Ansawdd: Domains of Quality <u>Quality and Engagement Act (sharepoint.com)</u>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <u>Quality and Engagement Act (sharepoint.com)</u>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <u>Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</u>	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 Termiau: Glossary of Terms:	VPP – Vacant Practice Panel TUPE - Transfer of Undertakings (Protection of Employment) Regulations 2006 GMS – General Medical Services APMS – Alternative Provider of Medical Services
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Vacant Practice Panel

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:	See Appendix 18