



Appendix 1 Sarn first letter to patients

Ein cyf / Our ref: Sarn#1
Gofynnwch am / Please ask for: Communications Hub
Rhif Ffôn / Telephone: 0300 303 8322 (option 5)

E-bost / E-mail: ask.hdd@wales.nhs.uk
Dyddiad / Date: 6 February 2026

Hywel Dda University
Local Health Board
Second Floor, Block C
Government Buildings
Picton Terrace
Carmarthen, SA31 3BT

Dear Patient of Meddygfa'r Sarn

Meddygfa'r Sarn – please share your views as a patient

We are contacting you as a patient of Meddygfa'r Sarn to seek your views on potential changes that have been recommended on how general medical services are delivered going forward.

As you will be aware Meddygfa'r Sarn is currently managed by the Health Board and is dependent on locum GPs for medical cover, and that the premises are small which restricts the services that can be offered.

Last month at its meeting, the Health Board discussed a recommendation from a panel that the patient list be dispersed over neighbouring practices. This means that the Health Board would transfer your registration to the next nearest practice to your home address, and Meddygfa'r Sarn would close. Depending on where you live this could be Coalbrook Surgery in Pontyberem, Meddygfa Minafon in Kidwelly or Ash Grove Surgery in Llanelli.

The Board has decided to engage with patients and the local community on this recommendation before making a final decision, this will allow Board members to better understand the potential impact of a dispersed list on patients and what could be put in place to support patients. Meddygfa'r Sarn will remain open as usual whilst we work through this process.

We are therefore engaging with patients and local stakeholders about this recommendation for an eight-week period, between 9 February and 6 April 2026. We want to hear your views as a patient on how a transfer to the next nearest practice to you would affect you and what matters to you about the services you need from your GP Practice. Enclosed is a questionnaire that you are invited to complete, either in this paper format or electronically at the link below. All responses are anonymous. Collection boxes for the paper questionnaire are at Meddygfa'r Sarn and Pontyates Community Pharmacy.

The Health Board is also holding two public engagement drop-in events for small-group discussions with Health Board representatives, and we hope you can join us at one of these:

Date	Tuesday 24 February, 1pm - 6.30pm (drop-in anytime)
Venue	Pontyates Welfare Hall, Heol Y Meinciau, Pontyates, SA15 5TR
Date	Tuesday 3 March, 3pm -6.00pm (drop-in anytime)
Venue	Pontyberem Memorial Hall, 9 Coalbrook Road, Pontyberem, SA15 5HU

Alternatively, you can contact the Health Board to feedback your views to us:

- online via our 'Have Your Say' website at www.haveyoursay.hduhb.wales.nhs.uk, or by scanning the QR code for the electronic version of this questionnaire. You do not need to register to participate.



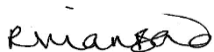
- by telephone to the Health Board's Communications Hub on 0300 303 8322 (option 5)
- by email to ask.hdd@wales.nhs.uk

You can also feedback your views to Llais at www.llaiswales.org

Please feedback your views by Monday 6 April 2026. All feedback received by this deadline will be collated and reported to the Board ahead of the meeting in May 2026 when the recommendation will be considered.

The Health Board appreciates the continuing support given by the community to the team at Meddygfa'r Sarn through this challenging period.

Yours sincerely



Rhian Bond
Assistant Director of Primary Care

Large print format is available at Meddygfa'r Sarn.

Section 1

Please answer the questions below

Q1. Please let us know your postcode eg. SA15 5TR

Q2. Which practice are you registered with?

Meddygfa'r Sarn

Other (please state)

Q3. When was the last time you attended Meddygfa'r Sarn?

In the last month

In the last six months

In the last year

More than a year ago

Q4. Thinking about the last time you went to the Surgery; how did you travel there?

On foot

By car

By bus

By taxi

By bicycle

Other (please state)

Q5. What is most important to you about your GP Practice?

Telephone/online access

Appointment availability

Seeing the same team/continuity of care

Car parking

Friendly staff

Other (please state)

Q6. How easy or difficult do you find it to access care from other Primary Care providers in your area? (community pharmacies, optician, dentist).

Please rate: 1 – very difficult, 5 - very easy.

	1	2	3	4	5
	very difficult				very easy
Community Pharmacy					
Optician					
Dentist					

Q7. Under this proposal your registration would be transferred to the next nearest Practice to you based on travel time from your home address. For most patients this would be Coalbrook Surgery in Pontyberem. Patients living closer to Kidwelly or Trimsaran would be transferred to Meddygfa Minafon, and those living closer to Llanelli would be transferred to a practice there. If you needed to access services at the next nearest practice to your home address, how would this affect you?

Q8. How do you feel this change would affect you, and do you have any suggestions on how we could reduce any negative impacts?

Section 2 *The following questions are to ensure we take the views and needs of differing people into consideration and to understand your responses to what is being discussed a little better. It is a legal requirement for us to ask these questions, but you are not obliged to answer any you do not wish to. The data acquired is used for this consultation/engagement programme only and cannot be used to identify you.*

Age:

How old are you?

18 – 24 years , 25 – 34 years , 35 – 44 years ,
45 – 54 years , 55 – 64 years , 65 – 74 years ,
75 and above , Prefer not to say

Gender Identity:

What best describes your gender? (Tick all that apply)

Man , Woman , Non-binary ,
Trans Male/Trans Man , Trans Female/Trans Woman ,
I use another term , Prefer not to say

Is this the same as the sex you were assigned at birth?

Yes , No , Prefer not to say

Pregnancy and Maternity:

Are you currently pregnant or have you given birth within the last year?

Yes , No , Not Applicable , Prefer not to say

Religion or Belief:

What do you consider your religion to be?

Buddhist Jewish Sikh
Christian Muslim Other religion
Hindu No religion Prefer not to say

Armed Forces:

Are you a member of the Armed Forces Community? (Veteran, Reservist, Cadet Force Adult Volunteer (CFAV) or a family member of someone in the Armed Forces)

Yes , No , Prefer not to say

Disability 1:

Section 6(1) of the Equality Act 2010 states that a person has a disability if:

- (a) That person has a physical or mental impairment, and
- (b) The impairment has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Using this definition, do you consider yourself to be disabled?

Yes , No , Prefer not to say

Disability 2:

Please can you tell us what your disability, long-term illness or health condition relates to?

Not applicable

A long standing illness or health condition (e.g. cancer, HIV, diabetes, epilepsy)

A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)

A physical Impairment or mobility issues

A social/communication impairment

A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D)

Blind or have a visual impairment uncorrected by glasses

D/deaf or have a hearing impairment

An impairment, health condition or learning difference that is not listed above

Prefer not to say

Sexual Orientation:

Which of the following terms best describes your sexual orientation?

Asexual , Bisexual , Gay man ,

Gay woman or lesbian , Heterosexual or Straight

Other , Prefer not to say

Ethnic Group:

Which race or ethnicity best describes you?

Arabic

Asian/British Asian: Bangladeshi

Asian/British Asian: Chinese

Asian/British Asian: Indian

Asian/British Asian: Pakistani

Asian/British Asian: Other

Black/British Black: African

Black/British Black: Caribbean

Black/British Black: Other

Mixed Race : Black & White

Mixed Race : Asian & White

Mixed Race : Black & Asian

Mixed Race : Other

Traveller: Gypsy or Roma

Traveller: Irish

White: British/English/Northern Irish/Scottish/Welsh

White: Irish

White: European

Prefer not to say

Another race or ethnicity – please identify below

Marriage / Civil Partnership:

Are you Married or in a Civil Partnership?

Yes No Prefer not to say

Caring Responsibilities:

Do you provide unpaid care by looking after someone (a family member, friend or neighbour) who is older, disabled or seriously ill?

Yes No Prefer not to say

If Yes, please tick any/all that apply:

Primary Carer of a disabled child or children

Primary Carer or assistant for a disabled adult or adults (aged 18+)

Primary Carer or assistant for an older person/people (aged 65+)

Secondary Carer (another person carries out main caring role)

Prefer not to say

Household income:

Please tell us the total annual income of your household (before tax and deductions, but including any benefits and allowances)

Tick 1 box only:

Below £10,000

£10,001 – £20,000

£20,001 – £30,000

£30,001 - £40,000

Over £40,001

Prefer not to say

What is your preferred correspondence language?

English

Welsh

Other (Please state - including British Sign Language) _____

Prefer not to say

Language:

What is your main language spoken / used at home?

English Welsh

Other (Please state - including British Sign Language) _____

Prefer not to say

Further information:

Is there anything about what is being discussed or proposed that you feel, could either positively or negatively affect you or particular people in society more than others? If yes, please explain.

Please drop-off your questionnaire in the collection box at either Meddygfa'r Sarn or Pontyates Community Pharmacy.

Please feedback your views by Monday 6 April 2026.

Thank you.