

From:

Sent: 17 March 2026 08:56

To: Philip Kloer (Hywel Dda UHB - Chief Executive)

Subject: Formal Complaint regarding Governance and Decision-Making process - Meddygfa'r Sarn.

Dear Mr Kloer,

This letter constitutes a formal complaint regarding the process undertaken by Hywel Dda University Health Board in relation to the proposal to disperse the registered patient list from Meddygfa'r Sarn to neighbouring GP practices.

This complaint is being raised by the Save Sarn Surgery Community Working Group because there are significant concerns that the process followed by the Health Board may not have complied with the standards of transparency, public engagement, and due diligence expected of public bodies when making decisions that significantly affect access to primary healthcare services.

The proposal affects more than four thousand registered patients and has the potential to substantially alter how primary care is accessed within the Pontyates and surrounding area community. Decisions of this scale should be supported by a robust and transparent decision-making process, including early public involvement, clear evidence of impact assessments, and a demonstrable evaluation of all available options.

While it is noted that the Health Board has subsequently delayed the final decision in order to undertake public engagement and complete additional assessments, there remain serious concerns regarding the way the recommendation was initially developed and presented to the Board.

The purpose of this complaint is therefore to seek clarification regarding several aspects of the process, including the governance framework used, the sequencing of decision-making and engagement, the absence of impact assessments in the Board paper, and the evidence base used to support the Vacant Practice Panel's recommendation.

These issues raise questions about whether the Health Board has complied with its statutory duties, Welsh Government guidance, and principles of good governance.

The specific concerns are outlined below.

1. Failure to undertake early public involvement.

The Vacant Practice Panel recommended the dispersal of Meddygfa'r Sarn patients before any engagement with the affected community had taken place. This approach appears inconsistent with the Welsh Government's Guidance for Engagement and Consultation on Changes to Health Services (2022), which states that engagement should take place before decisions are made, allowing communities to understand the case for change and contribute to shaping potential solutions.

Instead, the Panel report sought approval of the dispersal proposal subject to later engagement, effectively reversing the intended sequence of decision-making. This has understandably caused significant concern within the community and undermined public confidence in the process.

Early involvement of the public is also a core requirement of the Well-being of Future Generations (Wales) Act 2015, which requires public bodies to apply the sustainable development principle, including meaningful involvement of people with an interest in achieving the well-being goals. Decisions affecting over four thousand registered patients should clearly have involved the community at the earliest stage.

2. Absence of impact assessments during the decision process.

The Board report presented in January indicated that several key impact areas were recorded as “N/A”. The section titled “Impact: (must be completed)” lists several critical areas of assessment including:

- Equality
- Risk
- Workforce
- Legal implications
- Reputational impact

The absence of detailed impact assessments is extremely concerning. For a proposal affecting over four thousand registered patients and involving a major change to the provision of primary care services, it is difficult to understand how these key areas of impact could reasonably be considered “not applicable”.

These assessments would normally be expected to inform both the option appraisal and the Board’s consideration of the recommendation.

Public bodies in Wales are required to consider the potential impacts of their decisions under several statutory and policy frameworks, including:

- Equality Act 2010 – Public Sector Equality Duty
- Health and Social Care (Quality and Engagement) (Wales) Act 2020
- Socio-economic Duty (Wales) 2021
- Well-being of Future Generations (Wales) Act 2015

These duties require public bodies to actively consider the effects of decisions on vulnerable populations, health inequalities, and long-term wellbeing. Given that the proposal would require many patients, particularly elderly or vulnerable individuals to travel to alternative surgeries, the lack of a clear equality, health impact, or socio-

economic assessment at the time of the recommendation represents a significant governance weakness. While the Health Board has now indicated that it will undertake an Equity Impact Assessment and other analyses, these assessments should have informed the initial option appraisal, not been conducted retrospectively after a preferred option had already been identified.

3. Concerns regarding the current engagement process.

Although the Health Board has now initiated a public engagement exercise, there remain concerns about the adequacy and accessibility of this process. The engagement period has been limited to eight weeks, which is a relatively short timeframe for a matter of this scale and importance. In addition, there appears to have been limited proactive publicity regarding engagement opportunities, including the availability of drop-in sessions or other opportunities for meaningful dialogue.

Many members of the community remain unaware of how to participate in the engagement process or how their views will influence the final decision. Meaningful engagement requires not only consultation but also active and transparent communication with the affected population.

4. Freedom of Information request and lack of transparency.

There are also concerns about the handling and timing of responses to requests for information relating to this proposal. A request for information was submitted under the Freedom of Information Act on the 5th February 2026.

A response was received from the Health Board's Freedom of Information Officer confirming that the Health Board holds information relevant to the request. However, it was explained that the response would be delayed because the Health Board intends to apply a qualified exemption under Section 38 of the Freedom of Information Act, and that additional time is required to conduct a public interest test.

The letter states that the Health Board now expects to provide a response by 2 April 2026. This means that the requested information will not be released until only four days before the end of the public engagement period.

Providing potentially important information so late in the engagement process significantly restricts the ability of the public to properly review relevant evidence and contribute meaningfully to the consultation. For engagement to be genuine and effective, participants must have sufficient time and access to relevant information in order to form informed views.

The timing of this response therefore risks undermining both the transparency and credibility of the engagement process.

5. Need for full compliance with Welsh public service duties.

Given the issues outlined above, clarification is requested as to how the Health Board intends to ensure full compliance with the following statutory and policy frameworks:

- Well-being of Future Generations (Wales) Act 2015
- Equality Act 2010 – Public Sector Equality Duty
- Health and Social Care (Quality and Engagement) (Wales) Act 2020
- Socio-economic Duty (Wales) 2021
- Welsh Government Guidance for Engagement and Consultation on Changes to Health Services (2022)

In particular, clarification is requested as to how the current process will ensure that:

- the community has a genuine opportunity to influence the final decision.
- all relevant impact assessments are completed and published.
- the engagement process is properly publicised and accessible.
- participants have sufficient time and information to respond.

6. Concerns raised during engagement drop-in discussions.

During attendance at one of the public engagement drop-in sessions, concerns were raised directly with ██████████ regarding whether proper due diligence had been carried out before the Vacant Practice Panel reached its recommendation. When these concerns were raised, ██████████ stated that the Vacant Practice Panel had followed all required procedures and requirements. However, the concerns raised by members of the community regarding the lack of early engagement, the absence of impact assessments at the time of the recommendation, and the limited transparency of the process were not substantively addressed.

This raises an important question about how the Health Board defines compliance with its obligations. While procedural requirements may have been followed internally, it is difficult to reconcile this with the expectation that decisions affecting thousands of patients should be patient-centred and community-focused.

Given the statutory emphasis placed on patient voice, involvement, and citizen participation within Welsh public services, clarification is therefore requested as to how patient-centred decision-making and meaningful community involvement are reflected in the process undertaken in this case, and why these principles do not appear to have been applied from the outset.

7. Governance and leadership oversight of primary care.

There are also concerns about the governance context in which this decision has been developed. The Chief Executive's report to the Health Board dated 27 November 2025 confirms that following changes to executive portfolios the role of Director of Primary Care, Community and Long Term Care, previously held by Jill Paterson, will no longer exist and responsibilities are being absorbed into other executive portfolios.

External scrutiny of the Health Board's governance arrangements has previously emphasised the importance of executive leadership for primary care services.

In particular, the Audit Wales Structured Assessment 2024 noted the value of having executive-level oversight of primary care within the organisation's leadership structure, recognising this as a strength within the Health Board's governance arrangements.

Given that this dedicated leadership role has now been removed and has not been replaced with an equivalent position, it is reasonable to question whether there is currently sufficient senior oversight of primary care at executive level.

Clarification is therefore requested as to how the Health Board now ensures appropriate governance, leadership and accountability for primary care services when making significant decisions affecting GP provision.

8. Lack of a transparent and structured options appraisal.

There are also concerns about the apparent lack of a clearly documented and transparent options appraisal process undertaken by the Vacant Practice Panel.

The Board report indicates that four potential options were considered for the future of Meddygfa'r Sarn. However, the report provides only narrative descriptions of the perceived advantages and disadvantages of each option before concluding that managed dispersal was the preferred approach. There does not appear to be a clearly documented scoring framework, decision matrix or structured evaluation process comparing the options against consistent criteria such as patient access, health inequalities, workforce sustainability, quality of care, financial implications and long-term service resilience.

For major service changes affecting thousands of patients, good governance practice would normally involve a transparent options appraisal process demonstrating how different options were evaluated and why one option emerged as the preferred recommendation.

Without such a structured comparison it is difficult to understand how the Vacant Practice Panel objectively determined that dispersal was the most appropriate option. This lack of transparency makes it challenging for the public to understand the rationale behind the recommendation and raises concerns about whether all potential alternatives were fully and objectively assessed.

Clarification is therefore requested as to what formal options appraisal methodology was used by the Vacant Practice Panel and whether a documented scoring framework or evaluation matrix exists.

9. Concerns regarding the modelling used for patient list dispersal.

There are also concerns about the modelling used to support the recommendation for dispersal of the Meddygfa'r Sarn patient list. The report presented to the Board models the redistribution of approximately 4,353 patients across several neighbouring practices. In particular, the modelling indicates that Coalbrook Surgery would receive approximately 2,962 additional patients, representing an increase of around 60% to its current list size. For a practice of this size, such an increase appears substantial. However, the report does not appear to provide detailed supporting evidence demonstrating that the receiving practices have sufficient capacity to safely absorb this level of growth. In particular, the documentation does not set out any clear assessment of:

- GP workforce capacity and recruitment plans
- clinical room and premises capacity
- nursing and wider multidisciplinary workforce availability
- appointment availability and patient access
- infrastructure considerations such as parking and access.

The report states that Coalbrook Surgery has expressed interest in expanding its list size; however, it is not clear whether a formal capacity assessment or workforce modelling was undertaken to support the conclusion that this level of growth would be sustainable.

In addition, the dispersal modelling appears to be largely based on geographical proximity between patient postcodes and neighbouring practices. While distance is clearly relevant, the report itself acknowledges that public transport options in the area are limited, yet it is not clear how patient travel, accessibility, and potential impacts on vulnerable patients were incorporated into the modelling.

Given that this recommendation would significantly affect access to primary care for over four thousand patients, clarification is therefore requested on what detailed capacity assessments, workforce modelling, and infrastructure analysis were undertaken to support the dispersal proposal and how the Health Board satisfied itself that the receiving practices are able to safely accommodate the proposed increase in patient numbers.

10. Transparency regarding financial sustainability considerations.

Greater transparency would also be welcomed regarding the extent to which financial sustainability considerations influenced the recommendation made by the Vacant Practice Panel.

In the documentation available, reference is made to issues of sustainability, workforce challenges and operational pressures. However, it is not clear what detailed financial analysis was undertaken to compare the long-term implications of the different options that were considered.

Clarification is therefore requested regarding what financial modelling was undertaken to compare the long-term costs and risks associated with the available options, including:

- continuing Meddygfa'r Sarn as a Health Board managed practice.
- merging the practice with another provider.
- procuring a new GMS or APMS contractor.
- dispersing the patient list across neighbouring practices.

Understanding the financial implications of each option is clearly an important part of responsible decision-making. However, if financial sustainability or risk reduction was a significant factor influencing the recommendation, it is important that this is clearly and transparently explained to the public.

If financial modelling indicates that dispersal would significantly reduce costs or financial risk for the Health Board, then this should be openly acknowledged and set out alongside the other considerations that informed the recommendation. Financial considerations are a legitimate factor in service planning, but they should be presented transparently rather than implied indirectly through general references to sustainability.

Providing clear information on the financial analysis undertaken would help ensure that the community can properly understand the reasoning behind the recommendation and have confidence that all relevant factors have been openly considered.

11. Governance concerns regarding the timing and use of the Vacant Practice Panel process.

Clarification is also requested regarding the circumstances in which the Vacant Practice Panel was convened in this case.

The Health Board's approved process for Vacant Practice Panels, which was approved by the Board in November 2024, reflects national guidance under Welsh Health Circular WHC (2006) 063, which states that such panels are normally convened following the resignation or termination of a General Medical Services (GMS) contract.

However, Meddygfa'r Sarn has operated as a Health Board Managed Practice since October 2017 following the resignation of the GMS contract earlier that year. The practice has therefore been operating in this form for several years prior to the recent review. It is also unclear why this review and the use of the Vacant Practice Panel

process have been initiated at this time. The original GMS contract for Meddygfa'r Sarn was handed back in 2017, after which the practice has operated as a Health Board Managed Practice for several years. It is also understood that the practice lost its clinical lead during 2025. More recently, the Health Board has appointed a new joint clinical lead for the practice for a one-year period beginning in March 2026. Given these developments, it would be helpful to understand why the decision to pursue dispersal of the patient list is being considered at this particular point in time. Clarification is therefore requested as to how these recent workforce changes and the appointment of a new joint clinical lead have been taken into account when determining the timing of the review and the recommendation put forward by the Vacant Practice Panel.

It is also unclear from the available documentation what active steps were taken by the Health Board to recruit permanent GP leadership or explore alternative workforce models to sustain Meddygfa'r Sarn prior to recommending dispersal of the patient list. Clarification is therefore requested regarding what recruitment efforts were undertaken, over what timeframe, and whether alternative workforce arrangements were formally explored before the conclusion was reached that dispersal was the most viable option. The measures taken to date also appear to suggest a lack of urgency or strategic vision in securing a sustainable workforce model for the practice, particularly given the prolonged reliance on locum GP provision. From a community perspective, this raises concerns that there may have been limited incentive to pursue more sustainable recruitment solutions if doing so would have required increased investment in securing permanent clinical leadership.

The Board paper indicates that the decision to convene a Vacant Practice Panel was taken at a meeting of the Primary Care Contract Review Group on 16 September 2025, with the panel subsequently meeting on 31 October 2025 to consider options for the future of the practice.

Given that the original contract vacancy occurred in 2017, it would be helpful to understand what governance framework applies when reviewing the future of a long-standing Health Board Managed Practice and why the Vacant Practice Panel mechanism, normally triggered by a new contract resignation, was used in this context.

12. Decision sequencing and the role of public engagement.

A further concern relates to the sequencing of the decision-making process and the role of public engagement.

The recommendation section of the Board paper requests that the Board approve the recommendation from the Vacant Practice Panel that a managed dispersal of the Meddygfa'r Sarn patient list take place, subject to public engagement.

This wording suggests that the preferred option had already been selected and was being formally endorsed before the public engagement process had taken place. Engagement is then described as a process to understand the impact of the proposed change and potential mitigations.

Best practice guidance on engagement and consultation for changes to health services emphasises that engagement should take place when proposals are still at a formative stage and before a preferred option is effectively determined.

It is therefore unclear how the public engagement exercise can genuinely influence the outcome if the Board has already been asked to approve the Vacant Practice Panel's recommendation in principle.

13. Concerns raised by the statutory patient body.

It is also notable that the statutory patient organisation Llais raised concerns about the process prior to the Board meeting. In its correspondence to the Health Board, Llais stated that the community had not been given an opportunity to engage in meaningful dialogue about the challenges facing the practice and that approving the proposal at that stage would be premature and inconsistent with Welsh Government guidance on engagement and consultation regarding changes to health services.

These concerns appear to reinforce the issues raised above regarding the timing of engagement and the need for transparency in the decision-making process.

14. Forthcoming community report and request for a pause in decision-making.

The Save Sarn Surgery Community Working Group is currently preparing a comprehensive report in response to the Health Board's initial recommendation to disperse the Meddygfa'r Sarn patient list. This report will be submitted to the Health Board within the coming weeks and will set out in detail the concerns of the community, evidence gathered during the public engagement process, and a number of constructive proposals regarding the future sustainability of the practice.

A central recommendation of this report will be that the Health Board places the current proposal under a 12-month pause in the decision-making process. Given the scale of the proposed change and the significant implications it may have for access to primary healthcare for over four thousand registered patients, it is essential that sufficient time is allowed for a full and transparent review of all available options before any final or irreversible decisions are made.

A defined pause of this nature would provide an opportunity for the Health Board, working in partnership with the community and relevant stakeholders, to properly explore sustainable solutions. This should include meaningful efforts to recruit permanent clinical leadership, consideration of alternative workforce and service delivery models, completion and publication of all relevant impact assessments, and a thorough evaluation of the capacity and long-term resilience of neighbouring practices identified in the dispersal proposal.

Allowing time for this work to be undertaken would help ensure that any eventual decision is demonstrably evidence-based, transparent, and aligned with the statutory duties placed on public bodies in Wales. It would also provide an opportunity to rebuild public confidence in the process by demonstrating that all reasonable options have been fully and fairly considered.

Given the concerns outlined in this letter regarding the sequencing of the current process and the absence of key assessments during the initial stages of the proposal, proceeding to a final decision without allowing time for this additional work would risk reinforcing the perception that the outcome has been predetermined.

In conclusion, the future of Meddygfa'r Sarn is an issue of profound importance for the local community. Decisions affecting access to primary healthcare must be taken in a manner that is transparent, evidence-based, and fully compliant with statutory duties and Welsh Government guidance. At present, the process undertaken by the Health Board raises serious concerns regarding early public involvement, the absence of impact assessments during the initial decision-making stage, and the adequacy and transparency of the current engagement exercise.

A full response is therefore requested addressing the concerns raised in this letter and outlining how the Health Board intends to rectify these issues before any final decision is made. Given the significance of the issues raised, we will also be sharing this correspondence and our forthcoming report with relevant oversight bodies and elected representatives to ensure that the concerns of the community receive appropriate scrutiny.

We would be grateful if you could acknowledge receipt of this correspondence.

Yours sincerely,

Save Sarn Surgery Community Working Group