

# **Meddygfa'r Sarn**

## **Independent Review Report**

**March 2026**

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## Executive Summary

This report has been prepared by the Save Sarn Surgery Community Working Group in response to the proposal by Hywel Dda University Health Board to disperse the registered patient list of Meddygfa'r Sarn to neighbouring GP practices.

This is not a routine service change. It is a decision that will directly affect access to healthcare, health outcomes, and the daily lives of over 4,000 people in Pontyates and surrounding rural communities. It will also set a clear precedent for how primary care services are planned, evaluated, and protected across the region.

The evidence presented in this report demonstrates that the current proposal has been developed through a process that falls materially short of the standards required for public service decision-making. This includes misalignment with the statutory expectations of the Well-being of Future Generations (Wales) Act 2015, Equality Act 2010, and Health and Social Care (Quality and Engagement) (Wales) Act 2020, as well as Welsh Government policy to deliver care closer to home.

The process followed—particularly in relation to public engagement—illustrates these failings clearly. A preferred option was identified before patients, staff, and the wider community were meaningfully involved. This is not a procedural technicality; it represents a fundamental failure to involve those most affected in shaping the outcome.

The key findings are clear and difficult to reconcile with a defensible decision:

- A preferred option was identified prior to meaningful public engagement
- Critical impact assessments (equality, risk, workforce, legal, and health impacts) were not completed at the point of recommendation
- The proposal relies on incomplete, inconsistent, and in some cases outdated data, including financial assumptions and assessments of premises and infrastructure
- No structured or transparent options appraisal has been undertaken, and viable alternatives were discounted prematurely
- Patient impact has not been assessed in real-world terms: distances of only a few miles translate, in practice, into lengthy, complex, and in some cases unmanageable journeys due to limited public transport and rural infrastructure
- Receiving practices are already under pressure, with no clear, evidence-based demonstration that they can safely or sustainably absorb additional patients
- The recommendation arising from the Vacant Practice Panel appears to place significant weight on an expression of interest from a neighbouring managed practice, without robust assessment of capacity, workforce, infrastructure, or long-term sustainability. This raises a fundamental concern that the decision has been shaped by provider availability rather than by a comprehensive and evidence-based evaluation of what is safe, sustainable, and in patients' best interests

Taken together, these issues do not represent isolated shortcomings. They indicate a systemic weakness in the process used to arrive at the current proposal.

There is also clear evidence that financial considerations have been given disproportionate weight, despite the absence of transparent, current, and verifiable financial data. This raises legitimate questions as to whether financial pressures have been prioritised over patient access, outcomes, and statutory responsibilities.

Crucially, the report demonstrates that this is not a situation where all alternatives have been exhausted. Viable options exist and have either not been fully explored or were dismissed at an early stage. These include:

- Confirmed interest from GPs in both partnership and salaried roles
- A viable and adaptable premises with scope for development
- Strong and sustained community engagement supporting locally delivered solutions

Evidence from the community underlines that this is not a failing service, but rather one that has not yet been given a fair opportunity to succeed.

This report highlights the likely consequences of proceeding with dispersal, including:

- Reduced access to primary care, particularly for vulnerable and rural populations
- Increased pressure on already constrained neighbouring practices
- Greater reliance on urgent and secondary care services
- Worsening health outcomes and widening health inequalities

Such outcomes would be directly at odds with Welsh Government policy, statutory duties and the stated principles of NHS Wales.

Finally the report makes 8 recommendations in relation to Meddygfa'r Sarn. These include the withdrawal of the original recommendation for closure and pausing any decision to close for a period of 12-18 months to allow the other 5 recommendations to be enacted. These recommendations will address the failures in process, engagement and evidence gathering documented in this report.

A further 5 wider recommendations are also made concerning governance at Hywel Dda health Board which have been highlighted by the situation at Meddygfa'r Sarn.

# **1. Background and Current Situation**

## **1.1. Overview of Meddygfa'r Sarn**

Meddygfa'r Sarn is a General Practice located in Pontyates, serving a population of approximately 4,353 registered patients as of July 2025. It operates within the Amman Gwendraeth Cluster, which comprises multiple GP practices and branch surgeries across the surrounding area. The practice has been managed directly by the Hywel Dda Health Board since 2017, following the resignation of its General Medical Services (GMS) contract. It serves a mixed rural and semi-rural population, with nearby communities including Pontyberem, Trimsaran, Kidwelly and parts of Llanelli, where transport links are limited in frequency and accessibility.

## **1.2. Practice Context and Local Healthcare Provision**

Prior to the dispersal of patients from Tumble surgery in 2024, to Pontyberem, Coalbrook was the smallest practice. Meddygfa'r Sarn has become the smallest practice within the cluster, with an average cluster list size of approximately 6,300 patients and a Health Board average of approximately 8,500 patients. Each practice has its own capacity, infrastructure, and workforce constraints.

Neighbouring practices include:

- Coalbrook Surgery (Pontyberem)
- Meddygfa Minafon (Kidwelly)
- Ash Grove Surgery (Llanelli)

## **1.3. Workforce and Operational Model**

Meddygfa'r Sarn operates as a managed service and is characterised by a reliance on locum GPs, with no permanent GP employed at the practice and a multidisciplinary team, some shared with Minafon. A joint Clinical Lead role across Meddygfa Minafon and Meddygfa'r Sarn has been established on a fixed-term basis beginning in March 2026.

## **1.4. Premises and Infrastructure**

The premises have been described in Health Board documentation as constrained in size relative to the practice list. However, the building has not experienced flooding, despite concerns raised in the Health Board report. It is subject to a tenant repair lease, placing responsibility for internal maintenance with the Health Board. The building has potential for reconfiguration or expansion, subject to agreement with the landlord

Health and safety and fire risk assessments have identified areas requiring improvement, including infrastructure upgrades and internal maintenance. The Landlord has not been informed of these issues.

## 1.5. Service Activity and Performance

Available data indicates that Meddygfa'r Sarn is delivering a comparable or favorable level of service relative to neighbouring practices in certain areas.

For example:

Missed appointment rate:

- Sarn: 8%
- Coalbrook: 38%
- Minafon: 13%

Appointment throughput is broadly comparable when adjusted for list size. The practice also demonstrates high usage of text messaging for patient communication, which may contribute to lower non-attendance rates.

However, there are limitations in available data, and inconsistencies between datasets make direct comparisons challenging.

## 1.6. Strategic and Demographic Context

The practice operates within an area identified for population growth under the Carmarthenshire Local Development Plan.<sup>1</sup>

Planned developments across the catchment area include approximately 576 new dwellings across nearby communities<sup>2</sup>.

This growth is likely to increase demand for primary care services and place additional pressure on existing infrastructure and workforce. The population includes older demographics and rural communities with limited transport access.

## 1.7. Review Process, Options Considered, and Current Status

In September 2025, a Vacant Practice Panel was convened to consider the future of Meddygfa'r Sarn. The Panel reviewed four primary options: continued managed practice; merger with Meddygfa'r Minafon; managed dispersal, and procurement of a new provider. A community-led or community-run practice was not formally considered.

The Panel ultimately identified managed dispersal of the patient list as the preferred option, subject to public engagement.

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<sup>1</sup> [www.carmarthenshire.gov.wales/council-services/planning/local-development-plan-2018-2023](http://www.carmarthenshire.gov.wales/council-services/planning/local-development-plan-2018-2023).

<sup>2</sup> [www.carmarthenshire.gov.wales/media/wl5ma0ym/additional-sites-report-combined-finalweb-27-3-25.pdf](http://www.carmarthenshire.gov.wales/media/wl5ma0ym/additional-sites-report-combined-finalweb-27-3-25.pdf)

## 2. Policy, Legal and Strategic Context

### 2.1. Overview

Decisions relating to the provision, reconfiguration, or withdrawal of primary care services in Wales are governed by a comprehensive framework of legislation, national policy, and statutory guidance. These frameworks collectively establish clear expectations regarding:

- Patient-centered decision-making
- Early and meaningful public engagement
- Reduction of health inequalities
- Evidence-based and transparent processes
- Long-term sustainability of services

The proposal to disperse the patient list from Meddygfa'r Sarn must therefore be assessed against these requirements.

### 2.2. Welsh Government Policy – A Community-Based NHS

#### Jeremy Miles MS/AS

Cabinet Secretary for Health and Social Care, Welsh Government

“The Welsh Government is building a community-first NHS in Wales by shifting care closer to home, prioritising prevention, integrating services across professions, and investing in workforce wellbeing to create a healthier, more accessible system for all.

At the heart of the Welsh approach to health and care services is a belief that we should provide as much care as possible as close to people’s homes as possible. ....We’re building health services around communities, rather than expecting communities to fit around services.”<sup>3</sup>

Welsh Government policy is explicit in its strategic direction for healthcare delivery:

- Care should be delivered closer to home
- Primary care should be the foundation of the NHS
- Services should be designed around community needs, not organisational convenience

This approach is reflected in the Health and Social Care Committee report March 2026.<sup>4</sup> which emphasises a shift toward:

- Prevention and early intervention
- Integrated, community-based care

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<sup>3</sup> <http://politicsuk.com/news/building-a-community-first-nhs-in-wales>

<sup>4</sup> <https://laiddocuments.senedd.wales/cr-ld18027-en.pdf>

- Improved accessibility for patients

The proposed closure of a local GP surgery and redistribution of patients to more distant practices represents a direct contradiction of this policy direction, as it would:

- Increase travel distances
- Reduce local access
- Shift pressure toward secondary care

### **2.3. Well-being of Future Generations (Wales) Act 2015**

The Well-being of Future Generations Act places a statutory duty on public bodies, including Health Boards, to apply the sustainable development principle.

This requires decision-makers to:

- Take account of the long-term impact of decisions
- Focus on prevention of worsening outcomes
- Act in an integrated and collaborative way
- Involve people with an interest in achieving well-being goals

In the context of Meddygfa'r Sarn, this means that any proposed service change must:

- Demonstrate how it improves or at least maintains long-term health outcomes
- Avoid creating additional barriers to care i.e, transport, finance
- Be developed in partnership with the affected community

Evidence presented elsewhere in this report indicates that:

- Public involvement did not occur at an early stage
- Long-term impacts on access and health outcomes were not fully assessed
- Preventative, community-based care would likely be weakened

### **2.4. Equality Act 2010 and Socio-economic Duty (Wales)**

Under the Equality Act 2010, public bodies must comply with the Public Sector Equality Duty, which requires them to:

- Eliminate discrimination
- Advance equality of opportunity
- Consider the impact of decisions on protected groups

In Wales, the Socio-economic Duty further requires public bodies to consider how decisions may increase or reduce inequalities associated with socio-economic disadvantage. In practical terms, this means that, an Equality Impact Assessment (EqIA)

should be undertaken and disproportionate impacts on vulnerable groups must be identified and mitigated.

The evidence shows that no such assessment was completed at the point of recommendation and the proposal would disproportionately affect:

- Older people
- Disabled individuals
- Those without access to transport
- People with mental health conditions
- People with neurodivergence

Which raises significant concerns regarding compliance with statutory equality duties.

## **2.5. Health and Social Care (Quality and Engagement) (Wales) Act 2020**

This Act strengthens the requirement for quality of care to be central to decision-making and patient voice and engagement to be embedded in service planning.

It places a duty on Health Boards to act in a way that continuously improves the quality of services and ensure that patients and the public are meaningfully involved in decisions affecting their care.

The evidence indicates that engagement was undertaken after a preferred option had already been identified and patients were not involved in shaping options at an early stage.

This approach is inconsistent with both the spirit and requirements of the Act.

## **2.6. NHS Wales Principles and “Putting Citizens First”<sup>5</sup>.**

The NHS Wales governance framework emphasises a core principle:

- Decisions are driven by patient outcomes, not organisational convenience or financial pressure
- The impact on patients is central to all planning and decision-making

However, across the available evidence limited consideration has been given to patient access and outcomes and greater emphasis appears to have been placed on:

- Workforce pressures
- Organisational sustainability

This creates a tension between the decision-making process and the core values of NHS Wales.

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<sup>5</sup> <https://nwssp.nhs.wales/a-wp/governance-e-manual>

## **2.7. Guidance for Engagement and Consultation on Changes to Health Services (2022)**

Welsh Government guidance sets clear expectations for engagement processes:

- Engagement must occur at an early, formative stage
- The public must have a genuine opportunity to influence outcomes
- Sufficient information must be provided to enable informed participation

The current process diverges from this guidance in several key respects:

- A preferred option was identified before engagement commenced
- Key information has been:
  - Limited
  - Delayed (e.g. FOI responses)

Engagement has been:

- Time-limited
- Partially inaccessible (digital reliance)

These issues call into question whether the engagement process meets the required standard.

## **2.8 Financial Governance and Planning Requirements**

Welsh Government funding guidance requires Health Boards to:

- Undertake robust financial planning
- Base decisions on accurate and up-to-date data
- Complete impact assessments for major service changes

Findings of the Audit Wales report 2024 on Hywel Dda Health Board indicate that <sup>6</sup>:

- Financial planning and oversight have been inconsistent
- Budgets are based on historic allocations rather than current need

This raises concerns about whether the financial rationale underpinning the proposal is sufficiently robust.

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<sup>6</sup> <https://www.audit.wales/publication/hywel-dda-university-health-board-2014-annual-audit-report>

## **3. Patient Impact Assessment**

### **3.1 Overview**

The proposed dispersal of Meddygfa'r Sarn patients has significant and wide-ranging implications for patient access, health outcomes, and health inequalities. No comprehensive patient impact assessment was undertaken prior to the recommendation, despite the scale change affecting over 4,000 registered patients.

### **3.2 Access to Primary Care**

Patients would be required to travel approximately 3 and 6.6 miles to alternative practices. While these distances may appear modest in isolation, they do not reflect the real-world accessibility challenges faced by patients.

- Public transport is limited in frequency and routing
- Journeys may take up to 2 hours each way when walking and waiting times are included
- Bus routes require:
  - Multiple walking stages
  - Navigation of busy or unsafe roads
  - No access to seating or toilet facilities

For many patients, attending a GP appointment would require a full-day commitment, creating a substantial barrier to care.

### **3.3 Impact on Vulnerable and Protected Groups**

A significant proportion of the patient population falls within vulnerable or protected groups. These include:

- Older adults
- Individuals with disabilities or chronic conditions
- Neurodivergent individuals
- Patients with mental health conditions
- Those without access to private transport

Examples of how the proposed changes would disproportionately affect these groups are given below:

- Individuals with Alzheimer's, autism, or anxiety may experience severe distress due to changes in routine and environment
- Patients with mobility or continence issues face practical barriers to long journeys with no facilities en route

- Carers and families would experience increased burden and logistical challenges

These impacts engage statutory duties under equality and socio-economic legislation, yet no Equality Impact Assessment was undertaken at the point of recommendation.

### **3.4 Service Capacity and Continuity of Care**

The dispersal model assumes that neighbouring practices can absorb a substantial increase in patient numbers. However, available evidence suggests:

- Coalbrook Surgery may receive an increase of approximately 60% in patient numbers
- Existing waiting times are already reported as 4–6 weeks for appointments

This combination of increased demand and reduced workforce capacity is likely to result in:

- Longer waiting times
- Reduced continuity of care
- Increased reliance on urgent and emergency services

### **3.5 Health Outcomes and System Impact**

Reduced access to timely primary care is widely associated with:

- Increased hospital admissions
- Greater use of A&E services
- Deterioration in chronic conditions
- Increased mental health burden

Community evidence strongly indicates that some patients may delay or avoid seeking care altogether due to travel and access barriers.

This may lead to more serious health issues requiring secondary care intervention. This outcome is inconsistent with NHS Wales policy, which prioritises prevention and care delivered close to home. These comments provided by residents via a community survey (see Appendix B) exemplify these concerns..

“I just moved here because doctors, food and pharmacy all in a reasonable distance. I want to be independent.”

“I have a small child and don’t always have access to a car. Public transport is a nightmare. We need the surgery for families.”

“Having a surgery in Pontyates is a life-line for elderly and vulnerable people who can’t easily travel”

### **3.6 Financial and Social Impact on Patients**

The proposal would also introduce additional burdens on patients, including:

- Increased travel costs (often not recoverable)
- Time costs, including:
- Time off work
- School absences for children
- Increased reliance on carers

For lower-income households, these impacts may create significant barriers to accessing care, further exacerbating health inequalities.

### **3.7 Community and Wider Impact**

The closure of a local GP surgery has broader implications beyond individual patients:

- Reduced community cohesion
- Increased isolation, particularly in rural settings
- Loss of a key local service
- Impingement on patients of dispersal surgeries
- The proposed changes would significantly reduce access to primary care
- Impacts would fall disproportionately on vulnerable populations
- Receiving practices are unlikely to have sufficient capacity
- Wider system pressures would increase

Evidence from community engagement (see Appendix B) indicates strong concern that the proposal would have negative impacts on both physical and mental wellbeing at a population level.

Crucially, these impacts were not formally assessed prior to the recommendation being made, representing a significant gap in the decision-making process.

## **4. Public Engagement and Consultation**

### **4.1 Public Engagement**

Effective public engagement is a fundamental requirement in planning healthcare services in Wales, ensuring decisions reflect the needs and experiences of affected communities. In the Health and Social Care Committee report of March 2026 emphasises the value of meaningful engagement maintaining public trust. 'We recognise that any changes to the way that services are delivered can be concerning for people, and this is even more so when those services relate to their health. It is therefore essential that the public are fully engaged in the transition to care being delivered closer to home; that they fully understand what changes are being made, why they are being made and the potential benefits to them.'

In the case of Meddygfa'r Sarn, evidence suggests engagement has been limited, undertaken at a late stage, and has not met expected Welsh Government standards. Best practice requires engagement to occur early, before a preferred option is identified. However, the Vacant Practice Panel selected managed dispersal prior to any patient or community involvement, and the Health Board sought approval subject to later engagement—reversing the intended decision-making process.

There is no evidence that patients were informed early about challenges facing the practice or given opportunities to help shape solutions. Community evidence also indicates that no patients or non-medical staff were consulted during the initial review.

Overall, this approach risks reducing engagement to a retrospective exercise rather than a meaningful part of decision-making.

## **4.2 Scope and Accessibility of Engagement Activities**

The engagement activities undertaken to date have been limited in both scope and accessibility. We have had a relatively short engagement period (approximately 7–8 weeks) for a decision of significant scale. The public drop-in sessions, including a Warm Hub event where the promised Health Board representative did not attend, have been limited and community feedback suggests insufficient proactive communication regarding how to participate.

In addition, much of the communication has been conducted digitally, including surveys and information sharing. This approach risks excluding individuals who are, digitally excluded, older and those vulnerable or less able to access online services.

While paper-based options have been made available, the overall approach does not appear to have been designed to maximise inclusivity.

## **4.3 Quality and Design of Engagement Materials**

Effective engagement requires that participants are able to understand:

- Why change is being considered
- What options exist
- What the potential impacts may be

The absence of this clarity limits the effectiveness of the engagement process.

Concerns have been raised regarding the design and appropriateness of engagement materials. Surveys distributed to patients were reported as both intrusive and not aligned with the purpose of consultation.

There is limited evidence that:

- The materials clearly explained the case for change
- Alternative options were presented in a balanced and transparent way

- Patients were provided with sufficient information to make informed contributions

#### **4.4 Transparency and Access to Information**

Access to relevant information is essential to enable meaningful participation. In this case, requests for information submitted under the Freedom of Information Act have been delayed. Key information is scheduled to be released only shortly before the end of the engagement period.

This timing significantly reduces the ability of patients, community groups and stakeholders to review evidence and provide informed responses. As a result, the transparency of the process is diminished, and the credibility of the engagement exercise is affected.

#### **4.5 Comparison with Other Engagement Processes**

Evidence presented within the community report highlights a contrast between:

- Engagement undertaken for the Clinical Services Plan (secondary care)
- Engagement undertaken for Meddygfa'r Sarn (primary care)

In the case of the Clinical Services Plan (<https://hduhb.nhs.wales/about-us/healthier-mid-and-west-wales/clinical-services-plan/>):

- Engagement was conducted over a longer period
- Multiple sessions and surveys were undertaken
- Patient feedback influenced decision-making

By contrast, engagement relating to Meddygfa'r Sarn has been:

- More limited in duration and scope
- Less responsive to community input

This comparison suggests inconsistency in the application of engagement standards.

#### **4.6 Community Response and Sentiment**

Two petitions launched in February 2026 attracted thousands of signatures and the Senedd petition was discussed by the relevant Committee and referred to the Health and Social Care Committee for consideration in the new session (Appendix A). The community feedback gathered through our survey (Appendix B), meetings, and direct engagement indicates:

- Strong dissatisfaction with the process
- Perception of a lack of transparency and consultation
- Concern that decisions have been made without adequate consideration of patient needs

Our survey responses highlight:

- Significant concern regarding access to care
- A strong preference for maintaining local services
- Widespread opposition to the proposed closure

There is also evidence of substantial community mobilisation, including:

- Formation of a community working group
- Independent research and surveys
- Engagement with and support from elected representatives

This level of response reflects the importance of the service to the local population and the perceived inadequacy of the formal engagement process.

#### **4.7 Role of Statutory Patient Representation**

The statutory patient body (Llais) has raised concerns regarding the process, including:

- The absence of early engagement
- The lack of opportunity for the public to understand and respond to the case for change
- The risk that decisions are being made prematurely

These concerns reinforce the issues identified by the community and highlight the need for a more robust and inclusive approach.

Given the scale and impact of the proposed changes, a more comprehensive, transparent, and inclusive engagement process would be required to ensure that decisions are fully informed and aligned with statutory and policy expectations.

## **5. Governance and Decision-Making Process**

### **5.1 Governance and Decision making**

The process followed by the Health Board raises concerns regarding governance, transparency, and adherence to statutory guidance. Key elements of good decision-making practice appear to have been either absent or applied in the wrong sequence.

In addition, key impact assessments—including equality, risk, workforce, and legal considerations—were not completed prior to the recommendation and are being undertaken retrospectively. The absence of a clear, structured options appraisal framework further limits transparency around how the preferred option was determined.

## **5.2 Use of Evidence and Data**

The decision appears to rely on incomplete and inconsistent data, including:

- Outdated financial baselines
- Limited workforce planning data
- Inconsistent service metrics

There is no clear evidence of:

- Integrated analysis across finance, workforce, and patient impact
- Robust modelling of proposed changes
- The Panel's assessment consists primarily of narrative descriptions
- There is no documented scoring framework or decision matrix

## **5.3 Governance Context and Oversight**

There are additional concerns regarding governance structures, including the removal of a dedicated Director of Primary Care role, thus reducing executive-level oversight of primary care services. The Audit Wales findings have already identified weak performance oversight and limited integration of primary care into governance structures.

This context may contribute to the weaknesses observed in this decision-making process.

## **5.4 Conclusion**

The governance and decision-making process is characterised by:

- Incorrect sequencing of engagement and decision-making
- Absence of key impact assessments
- Lack of structured and transparent options appraisal
- Reliance on incomplete data
- Limited transparency and oversight
- Failure to embed the prioritisation of primary care within the decision making process

Taken together, these issues indicate that the process does not meet the standards expected of a public body making decisions of this scale and impact.

# **6. Options Appraisal and Decision Rationale**

## **6.1 Options Appraisal and Evidence Base**

The options appraisal process for Meddygfa'r Sarn lacks the structure, transparency, and evidential depth expected for a decision of this scale. There is no evidence of a formal

appraisal framework, consistent evaluation criteria, or comparative scoring. The assessment relies largely on narrative descriptions, with some viable options not fully considered.

As a result, it is unclear how options were evaluated, how competing factors were weighted, or how managed dispersal was objectively selected as the preferred option. The decision rationale appears to be based on limited analysis and incomplete evidence, with no clear integration of workforce, financial, or patient impact considerations.

Overall, this weakens confidence that the preferred option is supported by a robust, transparent, and evidence-based appraisal process.

## **7. Financial Analysis and Oversight**

### **7.1 Overview**

Robust financial planning and oversight are essential components of responsible decision-making within NHS Wales. Decisions regarding service reconfiguration must be supported by:

- Accurate and up-to-date financial data
- Transparent modelling of costs and risks
- Comparative analysis of available options
- Alignment with statutory financial governance requirements

In the case of Meddygfa'r Sarn, the available evidence indicates that financial planning and oversight have been limited, inconsistent, and not sufficiently robust to support the recommendation made.

### **7.2 Financial Baseline, Planning and Oversight**

Financial information relating to managed practices indicates that budgets are based on historic GMS allocations at the point of transfer to Health Board management (circa 2017), with limited adjustment for inflation, population change, or increasing service demand. Audit Wales findings confirm that these budgets “do not reflect actual requirements”, creating risks of both underfunding and overspending, and limiting the ability to plan and manage services effectively.

Evidence from internal audits also highlights weaknesses in financial governance and oversight. During 2024/25, no finance meetings were held, and financial reporting was incomplete and not consistently presented to oversight groups. While financial monitoring processes have begun to improve, these developments are recent and were not in place during the period in which the recommendation was developed.

Taken together, these factors raise concerns regarding both the robustness of the financial baseline and the level of scrutiny applied to financial decision-making. This calls into question the reliability of the financial assumptions underpinning the proposal, including whether they accurately reflect current service demand, cost pressures, and future requirements.

In the context of Meddygfa'r Sarn, this indicates that the financial case for dispersal is based on an outdated and insufficiently scrutinised foundation, and cannot be considered a robust basis for decision-making.

### **7.3 Absence of Comparative Financial Modelling**

There is no clear evidence modelling of:

- Continuing the practice as a managed service
- Merging with another provider
- Procuring a new GMS/APMS contract
- Dispersing the patient list

Analysis of:

- Short-term transition costs
- Long-term operational costs
- System-wide financial impacts

Without such modelling, it is not possible to determine whether the preferred option represents the most cost-effective solution or financial sustainable over time.

### **7.4 Financial Drivers and Transparency**

The Health Board's vacant practice report suggests that financial sustainability has influenced the preferred option, although this is not clearly or explicitly set out. For example, a neighbouring practice has indicated that it is willing to take on additional patients in order to strengthen its own long-term sustainability, and the preferred option is described as reducing risks associated with workforce and premises.

However, the report does not clearly explain:

- the overall financial position of Meddygfa'r Sarn;
- the specific financial pressures affecting the practice;
- the expected financial impact or savings associated with dispersing patients.

While some financial data is included (such as total costs and expenditure breakdowns), this information is not clearly linked to the reasoning behind the recommendation.

As a result, there is a lack of transparency, making it difficult to understand how much financial considerations have influenced the decision; whether financial factors have been appropriately balanced against patient outcomes and access to services.

## **7.5 Compliance with Financial Governance Requirements**

Welsh Government funding guidance requires Health Boards to undertake integrated impact assessments for major spending decisions.

Ensure that financial decisions are aligned with:

- Population needs
- Equality considerations
- Long-term sustainability

In this case:

- Impact assessments were not completed at the point of recommendation
- Financial planning appears to have been based on incomplete data
- There is no clear evidence that population growth and future demand have been incorporated into financial considerations

This raises concerns regarding compliance with statutory financial governance expectations.

## **7.6 Wider System Costs and Economic Impact**

The financial analysis presented does not appear to account for wider system impacts, including:

Increased demand on:

- Accident and Emergency services
- Secondary care
- Costs associated with:
  - Delayed treatment
  - Deterioration in chronic conditions
- Additional burdens on:
  - Social care services
  - Patients and carers

Community evidence indicates that reduced access to primary care may lead to higher long-term costs for the NHS and increased financial pressure on other parts of the system. Failure to consider these factors results in a narrow financial perspective, which may not reflect the true cost implications of the proposal.

## **7.7 Timing and Alignment of Financial Review**

A financial review and update of managed practice budgets is underway and due to complete in June 2026, around the proposed implementation date, suggesting decisions may be taken before updated data is available. This further undermines the robustness of the financial basis for the recommendation.

## **8. Workforce and Service Sustainability**

### **8.1 Overview**

Workforce sustainability is a recognised challenge across primary care in Wales, as highlighted by the Health and Social Care Committee report March 2026, particularly in rural and managed practice settings. However, effective workforce planning requires:

- Proactive recruitment strategies
- Long-term workforce modelling
- Investment in sustainable staffing structures
- Alignment with service demand and population needs

In the case of Meddygfa'r Sarn, while workforce pressures have been cited as a key factor in the recommendation to disperse patients, the available evidence indicates that these challenges have not been addressed through a structured or sustained workforce strategy.

### **8.2 Current Workforce Position**

Meddygfa'r Sarn currently operates as a Health Board-managed practice with a multidisciplinary team; however, the practice is entirely dependent on locum GPs. A joint Clinical Lead role has been introduced across Meddygfa'r Minafon and Meddygfa'r Sarn on a fixed-term basis beginning in March 2026. While this represents a positive step, it is a short-term measure and does not constitute a comprehensive workforce solution.

### **8.3 Recruitment Activity and Workforce Planning**

The Health Board has identified recruitment challenges as a key reason for the proposed change. However, evidence obtained through Freedom of Information requests indicates that no active GP recruitment initiatives have been undertaken in the last 12 months. Recruitment efforts have been limited to periodic letters to locum GPs (e.g. 2021, 2023, 2024).

There is no evidence of:

- Targeted recruitment campaigns
- Incentive schemes

- Strategic workforce planning
- Collaboration with training or development programmes
- Skills matrix completion

In addition, earlier audit findings highlight a lack of workforce planning and skills audits and an absence of long-term succession planning. This suggests that workforce challenges may be, in part, a result of limited strategic intervention rather than inherent unsustainability.

#### **8.4 Service Sustainability**

The concept of sustainability extends beyond workforce numbers alone and must consider:

- Service capacity
- Patient demand
- Infrastructure
- Quality and accessibility of care

Evidence suggests that:

- Receiving practices already experience significant waiting times (4–6 weeks)
- Additional demand is likely to further reduce service levels

Furthermore, the reduction in total GP availability across the system indicates a net loss of service capacity, rather than an improvement in sustainability.

This raises concerns that the proposed changes may:

- Transfer pressure rather than resolve it
- Reduce overall system resilience
- Lead to increased demand on urgent and secondary care services

#### **8.5 Alignment with Strategic Workforce Objectives**

National and regional strategies emphasise the need to:

- Strengthen primary care
- Build multidisciplinary teams
- Improve recruitment and retention in community settings

The current approach appears to focus on reducing perceived risk through service consolidation; rather than:

- Investing in workforce development
- Exploring innovative models of care delivery
- Supporting long-term sustainability of local services

## 8.6 Alternative Workforce Approaches

There is limited evidence that alternative workforce models have been fully explored, such as:

- Enhanced multidisciplinary team working
- Shared staffing models across practices
- Development of a permanent GP recruitment strategy
- Use of incentives or targeted rural recruitment initiatives
- Community-led or partnership-based service models

Given that managed practices are intended to provide an opportunity to:

- Test new models
- Improve systems
- Develop sustainable approaches

The absence of such exploration represents a missed opportunity to address workforce challenges constructively.

“We provide excellent value for money and so much more could be done within a well-staffed General Practice at a considerable saving to the NHS and closer to home that would greatly benefit patients.” Health and Social Care Committee report of March 2026

## 8.7 Conclusion

While workforce challenges at Meddygfa'r Sarn are acknowledged, there is limited evidence of proactive recruitment, retention, or strategic workforce planning. The proposed dispersal risks reducing GP capacity, increasing pressure on neighbouring services, and negatively impacting access and quality of care.

Overall, workforce issues alone do not provide sufficient justification for dispersal, and alternative approaches—such as strengthened recruitment and service models—should be fully explored first.

# 9. Premises and Infrastructure

## 9.1 Overview

The suitability of premises and infrastructure has been cited as a contributing factor in the recommendation to disperse the Meddygfa'r Sarn patient list. The available evidence indicates that while some limitations exist, the premises are functional and capable of supporting service delivery, and that identified issues are largely remediable rather than structural barriers to sustainability.

## **9.2 Description of Existing Premises**

Meddygfa'r Sarn operates from a single-site premises in Pontyates, comprising:

- Four GP consulting rooms
- A nurse treatment room
- Additional clinical rooms used by:
  - Physiotherapists
  - Physician Associates
  - Visiting specialists
- Administrative and reception areas
- Waiting area and patient facilities

In practice, there are multiple clinical spaces available, supporting a range of multidisciplinary services. The premises are also located within the community they serve. Accessible to local patients and are supported by nearby amenities, including a pharmacy, shop and bus stop.

## **9.3 Condition and Maintenance Responsibilities**

Health Board documentation has identified a number of issues relating to the premises, including:

- Exposed pipework
- Limited storage
- Electrical infrastructure constraints
- Fire safety improvements

However, it is important to note that:

- The building operates under a tenant repair lease
- Responsibility for internal maintenance and repairs lies with the Health Board

Evidence indicates that some identified issues had not been reported to the landlord and necessary remedial actions had not been fully progressed.

The landlord has expressed willingness to continue the lease on existing terms and rent amount. Undertake required works and release additional land for potential expansion.

This suggests that many of the cited concerns relate to management and maintenance processes rather than inherent limitations of the premises.

## **9.4 Size and Capacity Considerations**

The premises have been described as small relative to the practice list size. However:

- The building supports multiple clinical functions and staff roles
- Space utilisation could be improved through:
- Reconfiguration of existing areas
- More efficient use of administrative space

There is also evidence that additional space could be created, including provision of a staff area and expansion is feasible subject to agreement with the landlord.

These factors indicate that capacity constraints are not necessarily fixed and may be addressed through investment and planning.

## **9.5 Flood Risk and Environmental Factors**

Concerns have been raised regarding flood risk at the site. However:

- The building is constructed on a raised platform
- It has never been flooded
- The assessed risk is approximately 1% for low-level flooding

While surface water accumulation in the car park has been observed during severe weather, this is not uncommon in similar settings and does not appear to present a significant operational risk.

## **9.6 Comparison with Alternative Premises**

The proposal to disperse patients relies on the assumption that neighbouring practices can accommodate additional demand. However, evidence indicates that these premises also face constraints.

Coalbrook Surgery

- Smaller premises than Meddygfa'r Sarn
- Limited parking (approximately three spaces)
- Access located on a busy main road
- Potential issues with disability access (e.g. corridor width, lack of dropped counter)

Meddygfa Minafon

- Limited parking capacity
- Located within a residential area with restricted access
- Previous inspection reports indicating concerns regarding governance and infrastructure

These comparisons suggest that:

- Alternative sites are not demonstrably superior in terms of infrastructure
- In some respects, Meddygfa'r Sarn offers better accessibility, parking, and potential for development

Meddygfa'r Sarn benefits from:

- Local accessibility within the community
- Adequate parking relative to comparable sites
- Proximity to a pharmacy

By contrast, dispersal would require many patients to travel further distances and navigate more complex or less accessible environments. This represents a reduction in practical accessibility, even where alternative premises are technically available.

## **9.8 Investment and Development Potential**

There is limited evidence that the potential for investment in the existing premises has been fully explored.

Available information indicates that grants may be available for premises improvement within primary care. Furthermore, the landlord is open to:

- Lease continuation, at the present rental rate.
- Building improvements
- Expansion opportunities

This suggests that the premises could be developed to better meet future needs and that closure is not the only available response to infrastructure challenges.

## **10. Data Quality and Evidence Gaps**

### **10.1 Overview**

Robust decision-making in healthcare planning requires the use of accurate, complete, and consistent data, supported by clear analysis and transparent assumptions. This is particularly important where decisions have significant implications for patient access, service delivery, and health outcomes.

### **10.2 Incomplete and Inconsistent Data Sets**

Across multiple areas, the data presented is either incomplete or not directly comparable.

Service Activity Data have variations in how activity is recorded (e.g. prescriptions, appointments) make comparisons between practices difficult and discrepancies in reported figures suggest that different metrics may be used across sites.

As a result conclusions regarding relative performance and efficiency are uncertain and comparative assessments between practices lack reliability.

- Workforce data. Limited information is available on workforce distribution across sites, such as whether costs are shared across practices. There is no comprehensive workforce modelling or planning data is presented.
- Financial data is based on historic allocations rather than current operational costs, with no evidence of updated budgets, cost modelling and financial forecasting.
- Lack of Context and Supporting Analysis. In several areas, data is presented without sufficient context to support meaningful interpretation.
- Absence of Integrated Analysis. There is no clear evidence that data has been integrated across key domains, including, workforce, finance, patient demand and infrastructure capacity.
- Missing Impact and Risk Assessments. A significant gap in the evidence base is the absence of formal assessments at the point of recommendation, including, equality Impact Assessment, risk Assessment, workforce Impact Assessment and patient access and travel analysis.
- Lack of Capacity and Demand Modelling. There is no clear evidence of modelling to assess, future demand for primary care services, impact of population growth, capacity of receiving practices to absorb additional patients and workforce requirements under different scenarios.
- Timing and Availability of Information. Financial reviews are ongoing and not yet complete, freedom of Information responses have been delayed and key information has not been available during the engagement period.
- Reliance on Assumptions. In the absence of robust data, the decision appears to rely on a number of assumptions, including, that workforce challenges cannot be resolved, that neighbouring practices have sufficient capacity and that dispersal represents a sustainable long-term solution.

### **10.3 Conclusion**

The evidence base underpinning the recommendation for Meddygfa'r Sarn is characterised by:

- Incomplete and inconsistent data
- Lack of contextual information
- Absence of integrated analysis
- Missing impact and risk assessments
- Limited modelling of capacity and future demand

Taken together, these issues indicate that the decision has not been supported by a sufficiently robust or comprehensive evidence base. A more rigorous approach to data collection, analysis, and transparency would be required to ensure that any decision is evidence-based, defensible and aligned with best practice in public service decision-making.

## **11. Formal Challenge: Use of the Vacant Practice Panel**

### **11.1 Introduction**

This section examines whether the use of a Vacant Practice Panel in relation to Meddygfa'r Sarn is supported by appropriate evidence, consistent with its intended purpose, and compliant with principles of lawful decision-making.

The evidence indicates that the use of this mechanism in the present case is not adequately justified and raises significant procedural and substantive concerns.

### **11.2 Purpose of a Vacant Practice Panel**

A Vacant Practice Panel is typically convened when a GP contract has been handed back or is at risk, and where continuity of care must be maintained. It is intended as an evaluative mechanism to consider options such as recruitment, managed practice continuation, or redistribution.

It is not intended to predetermine closure or reduction of services.

### **11.3 Key Evidential Test**

The Vacant Practice Panel process, as defined in Welsh Health Circular (2006) 063, is intended for newly vacant practices; its application in this case—where the service has been continuously Health Board–managed since 2017—represents a misalignment with its intended purpose. For the use of a Vacant Practice Panel to be justified, the following conditions should be met:

- Clear and unavoidable loss of GP provision
- Demonstrable lack of viable alternatives
- Evidence that redistribution is safe and sustainable
- A process open to multiple outcomes

There is a failure to demonstrate the loss of a Viable Service. Evidence shows that the practice remains operational, performance indicators are strong relative to alternatives, and premises are viable and expandable. There is no clear evidence of service failure or unsustainability.

## **11.4 Misapplication of the Mechanism**

The Vacant Practice Panel is intended to preserve service continuity. In this case, it is being used to facilitate permanent service reduction.

## **11.5 Legal and Governance Implications**

The use of the panel raises concerns including procedural unfairness, weak evidential basis, and failure to consider statutory duties. The use of the Vacant Practice Panel in this case is not supported by clear evidence of necessity and does not demonstrate that alternatives have been exhausted.

## **11.6 Formal Challenge Statement**

The application of the Vacant Practice Panel process is inconsistent with its intended purpose and has been used to progress a preferred outcome rather than conduct a balanced evaluation.

## **11.7 Recommended Position**

It is recommended that:

- The panel recommendation is set aside
- A full options appraisal is undertaken
- The proposal is reassessed in line with evidence and statutory duties

# **12. Equality and Impact Assessment Failures**

## **12.1 Overview**

Public bodies in Wales are subject to a range of statutory duties requiring them to assess the impact of decisions on individuals and communities, particularly those who are vulnerable or share protected characteristics. These duties are not procedural formalities; they are intended to ensure that decisions are:

- Fair and equitable
- Evidence-based
- Informed by a clear understanding of risk and impact

In the case of Meddygfa'r Sarn, the available evidence indicates that key impact assessments were not undertaken at the point of recommendation, representing a significant gap in both process and compliance.

## **12.2 Absence of Impact Assessments at Decision Stage**

The Board report presented in January identified several critical impact areas as “N/A”, including:

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

For a proposal affecting over 4,000 patients and involving a fundamental change to access to primary care, the absence of these assessments is notable.

Impact assessments would normally be expected to:

- Inform the options appraisal process
- Identify potential adverse effects
- Support mitigation planning

In this case, these assessments were not completed prior to the recommendation being made, and are now being undertaken retrospectively.

## **12.3 Equality Act 2010 – Public Sector Equality Duty, as outlined in section 2.4**

The evidence indicates that:

- No Equality Impact Assessment (EqIA) was undertaken at the point of decision
- The potential disproportionate impact on vulnerable groups was not formally assessed

This raises concerns as to whether the Public Sector Equality Duty has been properly discharged.

## **12.4 Socio-economic Duty (Wales)**

The Socio-economic Duty requires public bodies in Wales to consider how decisions may increase or reduce inequalities associated with socio-economic disadvantage.

In the context of Meddygfa'r Sarn, relevant factors include:

- Access to private transport
- Income levels and ability to absorb additional travel costs
- Time constraints affecting employment and caring responsibilities

Evidence indicates that:

- Many patients do not have reliable access to a car
- Travel to alternative surgeries may involve significant time and cost burdens
- Additional barriers may disproportionately affect lower-income households

There is no evidence that these factors were formally assessed prior to the recommendation.

## **12.5 Health and Wellbeing Impact**

The proposed changes have potential implications for both physical and mental health outcomes. Evidence indicates that vulnerable patients, including those with, Alzheimer's, Neurodivergence, anxiety and other mental health conditions, may experience significant distress and deterioration in wellbeing as a result of, changes to routine, increased travel and loss of familiar care environments.

In addition delays in accessing care may lead to worsening health conditions and increased barriers may discourage patients from seeking care. Despite these risks, there is no evidence of a formal Health Impact Assessment being undertaken at the point of recommendation.

## **12.6 Impact on Access and Protected Groups**

The evidence suggests that the proposed changes would have a disproportionate impact on specific groups, including:

- Older people, particularly those with limited mobility
- Disabled individuals
- Patients with chronic health conditions
- Individuals without access to transport
- Carers and families with dependent children

Key impacts include:

- Increased travel times (potentially several hours round trip)
- Lack of accessible transport options
- Difficulty attending appointments
- Increased physical and emotional strain

These impacts are central to equality considerations, yet have not been formally evaluated within the decision-making process.

## **12.7 Timing and Retrospective Assessment**

The Health Board has indicated that impact assessments are now being undertaken as part of the engagement process.

However: Impact assessments are intended to inform decision-making, not follow it. Undertaking assessments after a preferred option has been identified limits their effectiveness.

This approach risks:

- Biasing the assessment process
- Reducing opportunities to consider alternative options
- Undermining confidence in the objectivity of the analysis

## **12.8 Compliance with Statutory Duties**

The combined absence of the Equality Impact Assessment, Risk Assessment, Socio-economic analysis and an Health Impact Assessment; at the point of recommendation raises significant questions regarding compliance with:

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

These frameworks require that impacts are actively considered and evidenced as part of decision-making.

## **12.9 Conclusion**

The evidence indicates that key impact assessments were not undertaken prior to the recommendation. Potential impacts on vulnerable and protected groups were not formally evaluated and equality and socio-economic considerations were not fully integrated into the decision-making process.

This suggests that the proposal has not been supported by the level of impact assessment required to ensure compliance with statutory duties and to safeguard equitable access to healthcare.

# **13. Procedural Concern: Pre-Election Period (Purdah)**

## **13.1 Context**

Hywel Dda University Health Board is scheduled to consider a decision on Meddygfa'r Sarn on 28 May 2026, during or in close proximity to the pre-election period.

## 13.2 Procedural Concern

During the pre-election period, public bodies are expected to avoid making contentious or locally significant decisions, particularly where these may limit proper engagement or scrutiny.

The Meddygfa'r Sarn proposal is:

- Highly contentious
- Locally impactful (affecting ~4,353 patients)
- Subject to ongoing challenge and unresolved concerns

At the same time:

- Public engagement is constrained
- Health Board responsiveness is reduced
- Normal scrutiny is limited

The decision would likely have been made prior to the pre-election period under the original timeline. Its progression into this period is a consequence of process delay and proceeding with a decision at this time would undermine procedural fairness and the integrity of the process.

It is therefore recommended that the decision is deferred until after the election period, and reconsidered under conditions that allow for full engagement, scrutiny, and transparency.

## 14. Overall conclusion and recommendations

This report has reviewed the proposal to disperse the patient list from Meddygfa'r Sarn across all relevant domains, including governance, public engagement, options appraisal, financial oversight, workforce sustainability, infrastructure, patient impact, and statutory compliance. The evidence demonstrates a consistent and significant gap between what is required for robust public service decision-making and what has been evidenced in this case.

In particular:

- The sequencing of decision-making and engagement has not followed established guidance, with a preferred option identified prior to meaningful public involvement
- Impact assessments were not undertaken at the point of recommendation, limiting understanding of risks, equality implications, and patient outcomes
- The options appraisal process lacks transparency and structure, with no clear evidence of objective comparison across all viable alternatives
- The decision appears to rely on incomplete, inconsistent, and in some cases outdated data, particularly in relation to finance, workforce, and service capacity

- There has been insufficient consideration of real-world patient impact, including access to care, travel, and the disproportionate effects on vulnerable populations

Across multiple sections, the evidence suggests that the proposed dispersal of patients:

- May reduce access to primary care
- May increase pressure on already constrained services
- May lead to poorer health outcomes and increased system demand elsewhere

Furthermore, the process raises concerns regarding alignment with:

- Welsh Government policy promoting care closer to home
- Statutory duties relating to equality, wellbeing, and engagement
- Principles of transparency, accountability, and patient-centered care

Taken together, these findings indicate that the current proposal is not supported by a sufficiently robust, transparent, or evidence-based process to justify a decision of this scale and impact.

A more comprehensive, evidence-led, and patient-focused approach is required to ensure that any future decision is both defensible and aligned with the needs of the community and the wider health system.

#### **14.1 Immediate recommendations in respect of Meddygfa'r Sarn**

In light of the findings presented in this report, it is clear that the current proposal to disperse the Meddygfa'r Sarn patient list is not supported by a sufficiently robust evidence base or decision-making process.

The following recommendations are proposed to support a lawful, balanced, and sustainable outcome.

**Recommendation 1: Set aside the current recommendation**

It is recommended that the reliance on the Vacant Practice Panel as the basis for the proposed dispersal of Meddygfa'r Sarn patients is reconsidered. The available evidence does not demonstrate that the threshold for its use has been met, nor that reasonable alternatives have been fully explored or that redistribution can be delivered safely. Accordingly, the current recommendation should be set aside and a full, evidence-based options appraisal undertaken before any decision proceeds.

A revised approach is required—one that is:

- Evidence-led
- Patient-centred
- Transparent
- Compliant with statutory duties
- Focused on long-term sustainability
- Accountable

## **Recommendation 2: Pause the decision to close**

It is recommended that the Health Board pause any decision to disperse the Meddygfa'r Sarn patient list. This pause will:

- Prevent irreversible change based on incomplete evidence
- Allow time for proper evaluation of all available options
- Enable meaningful engagement with patients and stakeholders

A minimum period of 12–18 months is recommended to allow for stabilisation, review and full reassessment of all viable options including those not fully explored to date.

- Option 1: Stabilised Managed Practice with Active Recruitment
- Option 2: New GMS (Partnership) Contract
- Option 3: Salaried GP Model
- Option 4: Community-Led or Partnership-Based Model
- Option 5: Merger or Collaborative Models (With Sarn Retained as a Site)
- Option 6: Managed Dispersal (Only as a Last Resort)

Managed dispersal should only be considered if:

- All other options have been fully explored and evidenced as unviable
- Comprehensive impact assessments have been completed
- Capacity of receiving practices has been clearly demonstrated

At present, these conditions have not been met.

**Recommendation 3: Completion of all required impact assessments**

Before any final decision is made, the Health Board must complete and publish:

- Equality Impact Assessment
- Socio-economic Impact Assessment
- Health Impact Assessment
- Workforce Impact Assessment
- Risk Assessment

These assessments must inform the options appraisal process and clearly identify risks and mitigation strategies.

**Recommendation 4: Implement a workforce strategy and recruitment plan**

A comprehensive workforce strategy should be developed, including:

- Active recruitment of partnership GPs and Salaried GPs
- Use of incentives to attract clinicians to rural practice
- Long-term workforce planning aligned with population growth
- Skills audit

The existence of interested GPs significantly strengthens the viability of this approach and should be treated as a priority opportunity.

**Recommendation 5: Undertake capacity, demand, and infrastructure modelling**

Before any service reconfiguration is considered, the Health Board should undertake:

- Workforce capacity modelling
- Appointment availability modelling
- Premises and infrastructure assessments
- Analysis of future demand, including housing growth

This modelling must demonstrate that any proposed model is safe, sustainable and deliverable.

**Recommendation 6: Demonstrate transparency and undertake a financial review**

The Health Board should:

- Update financial baselines to reflect current costs
- Undertake comparative financial modelling across all options
- Consider wider system impacts, including secondary care costs

Financial considerations should be:

- Clearly documented
- Transparently communicated

**Recommendation 7: Widen public engagement**

A revised engagement process should:

- Take place before a preferred option is selected
- Be inclusive and accessible to all patient groups
- Provide clear, balanced information on all options
- Demonstrate how feedback influences decisions

**Recommendation 8: Investment in existing premises**

The Health Board should address the identified maintenance issues and explore opportunities for reconfiguration, expansion and capital investment. Given landlord support and available funding mechanisms, this option remains viable.

**14.2 Wider recommendations for governance review and accountability at Hywel Dda Health Board**

The findings of this report raise significant concerns regarding the robustness of the processes applied by the Vacant Practice Panel in developing its recommendation.

In particular, it is notable that a recommendation to disperse a patient population of over 4,000 people was made:

- Without completed impact assessments
- Without a structured and transparent options appraisal
- Without comprehensive data on capacity, workforce, and patient impact
- Prior to meaningful public engagement

Given the scale and significance of this decision, it is reasonable to expect that these gaps should have been identified and addressed at an earlier stage within the governance process.

This raises important questions regarding:

- At what point in the governance structure should these deficiencies have been identified and challenged
- Whether there are sufficient checks, balances, and escalation points within the current system
- Where ultimate accountability (“where the buck stops”) sits for ensuring that due process has been followed

It also raises a broader concern as to whether these issues represent an isolated instance, or indicate a more systemic weakness in governance and decision-making processes.

**Recommendation 9: Undertake a formal review of decision-making processes**

Conduct an internal or independent review of the Vacant Practice Panel’s processes

Assess whether governance standards, statutory duties, and best practice guidance have been consistently applied

Identify where in the process:

- Gaps should have been identified
- Escalation or challenge should have occurred

**Recommendation 10: Clarify accountability and oversight**

The Health Board should clearly define:

- Decision-making responsibilities
- Oversight roles
- Points of escalation within the governance structure

and ensure that for decisions of this scale there is clear senior-level accountability and mechanisms in place to halt or challenge proposals where due diligence has not been completed.

**Recommendation 11: Review previous decisions for assurance**

Consider whether a sample of previous decisions made through similar processes should be reviewed and to determine whether similar gaps in evidence, impact assessment and governance have occurred elsewhere.

**Recommendation 12: Strengthen governance controls**

Introduce minimum requirements that must be met before any recommendation is progressed, including:

- Completed impact assessments
- Documented options appraisal
- Verified data and modelling
- Require formal sign-off confirming that:
- Due diligence has been completed
- Statutory obligations have been met
- Ensure appropriate executive-level oversight of primary care decision-making

**Recommendation 13: Training and development**

Provide targeted training for decision-makers on:

- Governance standards and accountability
- Statutory duties and legal obligations
- Evidence-based decision-making

The future of Meddygfa'r Sarn is not simply a matter of operational convenience or organisational efficiency—it is a decision that will directly affect the health, wellbeing, and daily lives of thousands of people.

This report demonstrates that the current proposal to disperse patients has been developed without the level of evidence, assessment, and engagement required for a decision of this scale. At the same time, it has identified clear and viable alternatives, including confirmed interest from both partnership and salaried GPs, alongside strong community willingness to support sustainable solutions.

Taken together, this presents not a service that has reached the end of its viability, but one that has not yet been given a fair or full opportunity to succeed.

There is now a clear choice:

- To proceed with a course of action based on incomplete evidence, with significant risks to patient access and outcomes; or

- To pause, reassess, and work collaboratively to secure a sustainable, community-based primary care service for the future
- The latter approach is not only consistent with Welsh Government policy and statutory duties—it is also the option most likely to deliver better outcomes for patients, the community, and the wider health system.
- The evidence does not support closure. It supports reconsideration, collaboration, and commitment to getting this decision right.

## Appendix A

Y Pwyllgor Deisebau

Petitions Committee

[REDACTED]

10 March 2026

[REDACTED]

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P-06-1575 Protect GP services at Meddygfa'r Sarn, Pontyates.

As you will be aware, the Petitions Committee considered your petition at our meeting on 2 March.

The Committee expressed sympathy, and acknowledged your concerns and the significant attention the petition had brought to the issue. It was noted that this was an ongoing issue subject to local consultation and decision-making. The Committee agreed to write to Hywel Dda University Health Board with your questions to seek clarification on the consultation timing, fairness, and whether alternative arrangements had been properly considered. The correspondence will also be shared with the Cabinet Secretary for Health and Social Care. Having done this the Committee agreed to then close the petition.

The full details of the Committee's consideration of the petition, including the correspondence and the actions agreed by the Committee can be found here: [P-06-1575 Protect GP services at Meddygfa'r Sarn, Pontyates](#)

I would like to take this opportunity to pass on our thanks to you for bringing forward this petition and to wish you all the best for the future.

Yours sincerely

[REDACTED]

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg

## Appendix B

### Save Sarn Surgery Community Working Group Survey Results.

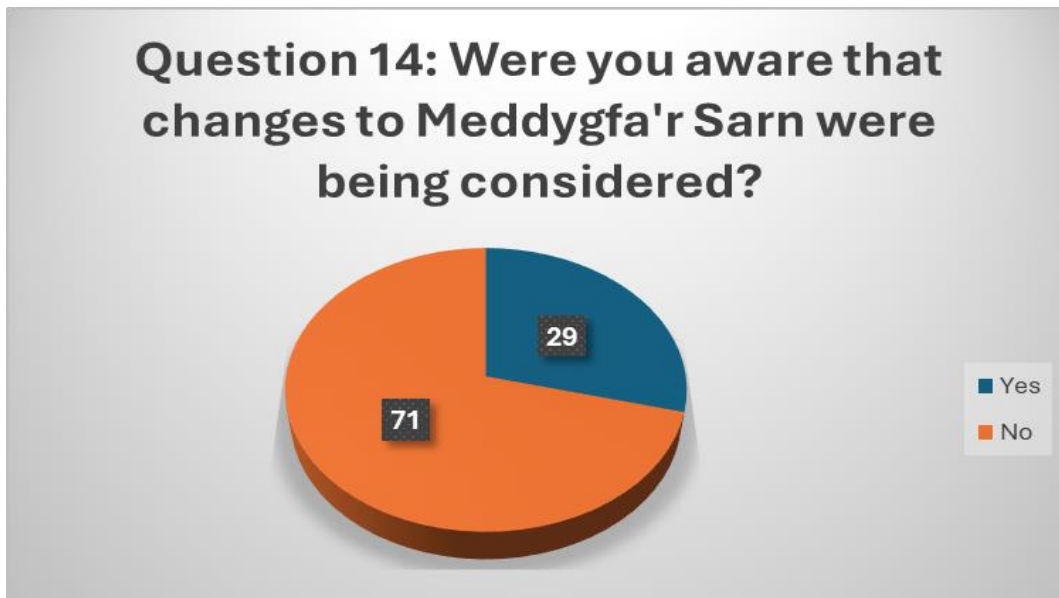
In the limited time available, the Save Sarn Surgery Working Group designed and distributed a community survey. The survey was made accessible to residents at multiple locations and community events across the village, ensuring a broad range of responses.

The survey gathered basic demographic information and explored community views on the proposed changes. In particular, it focused on perceived impacts on patients, experiences of communication and engagement, satisfaction with current services, and priorities for future provision.

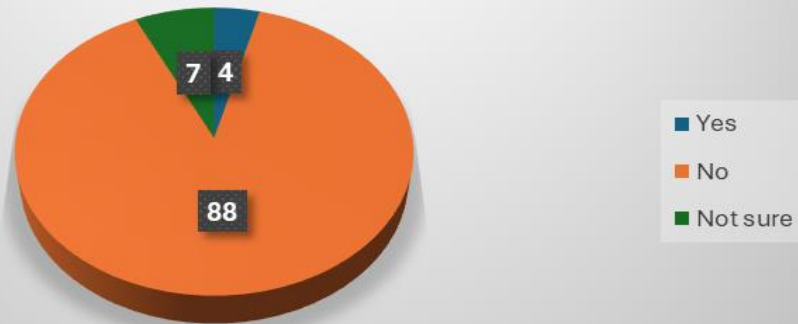
The demographic profile of respondents closely reflected that reported by the Local Health Board (LHB), suggesting the findings are broadly representative of the community. A total of 178 responses were returned, 62 on paper and 116 online.

#### Communication and engagement:

Responses relating to communication and engagement with patients indicate significant concern within the community. The results clearly demonstrate a perception that current engagement has been insufficient and does not meet patient expectations.



## Question 15: Do you feel that this community has been properly involved so far?



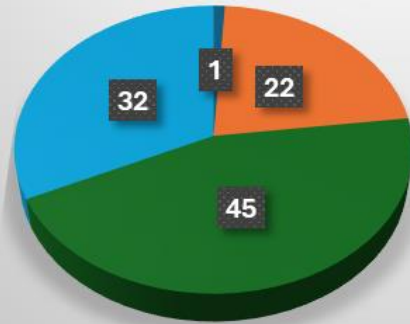
### Impact on patients:

Respondents identified a wide range of potential impacts arising from the proposed changes. These include financial pressures associated with travel, the practical challenges of longer or more complex journeys, and increased stress for patients, carers, and families.

Accessibility was a major concern. Many respondents highlighted issues such as mobility limitations, access to appropriate facilities (e.g. toilets), and the difficulties posed by standing, walking, or adapting to change—particularly for vulnerable individuals.

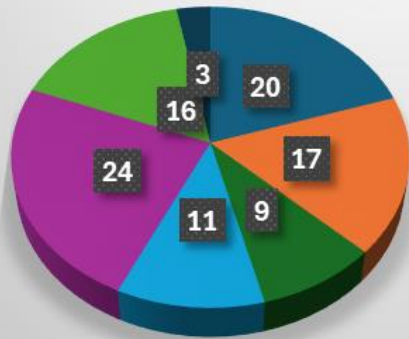
Notably, 52% of respondents reported having no or limited access to a vehicle, while 84% indicated that they are affected by disabilities, chronic health conditions, or caring responsibilities. These factors significantly increase the potential negative impact of any changes to local service provision.

### Question 11: If you had to register at another GP practice how would this affect you?



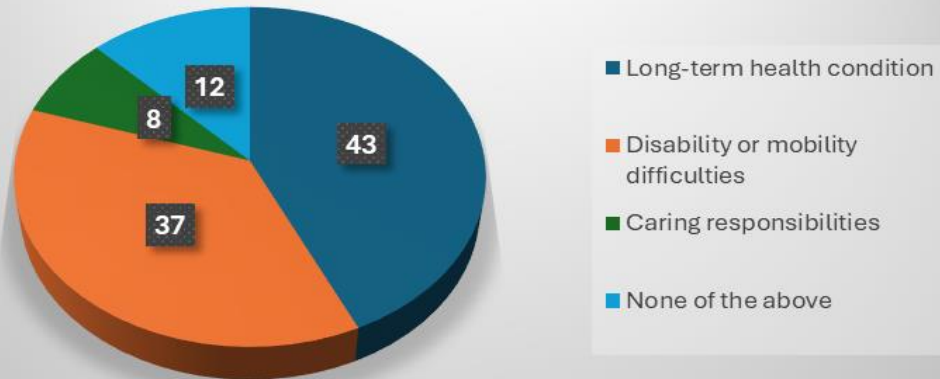
- Little or no impact
- Some inconvenience
- Significant difficulty
- I would struggle to access care

### Question 12: What would be the main difficulties for you if moved to another surgery?

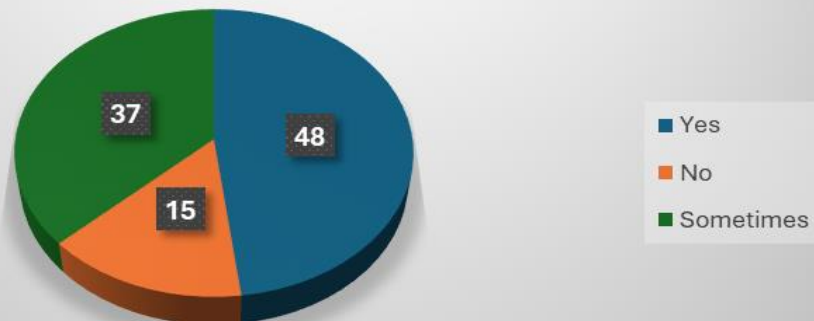


- Travel distance
- Limited or no public transport
- Cost of travel
- Mobility or health issues
- Longer waits for appointments
- Loss of familiar staff
- Other

### Question 3: Do you have any of the following?



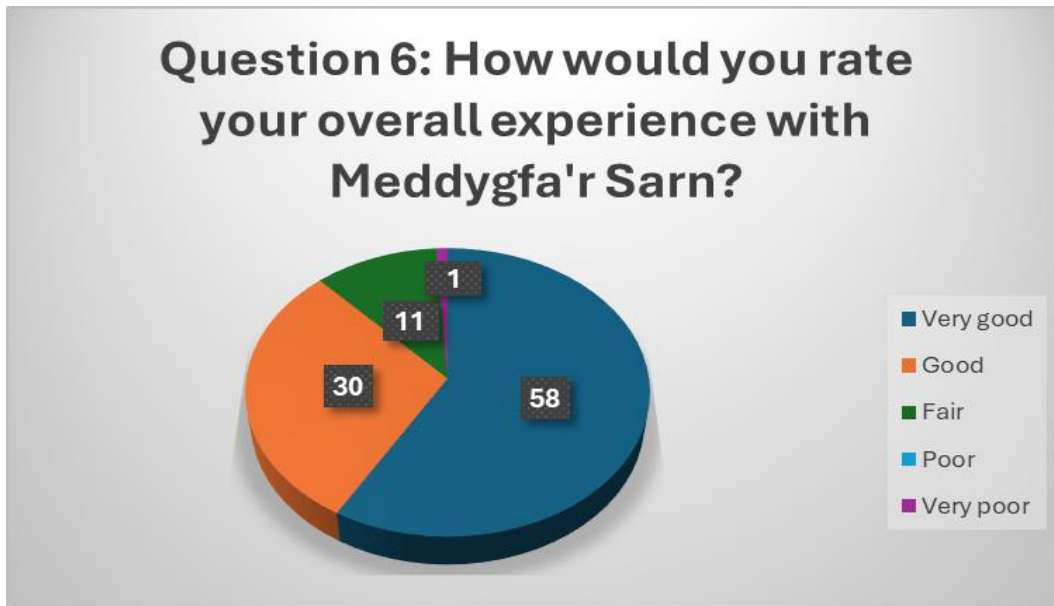
### Question 4: Do you usually have access to a car for GP appointments?



### Current services:

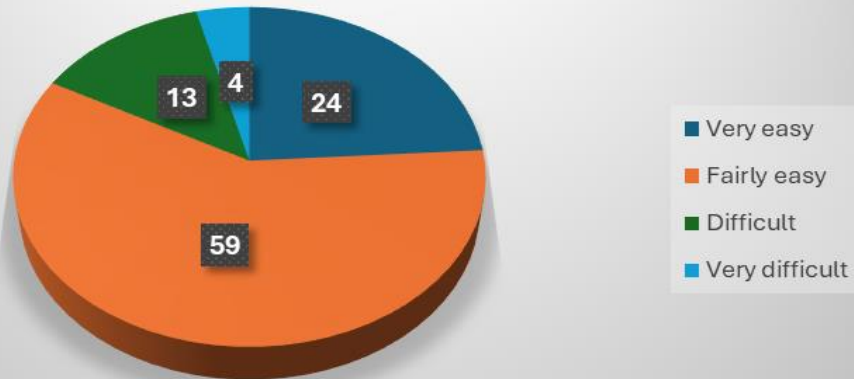
Satisfaction with current services at Sarn Surgery is high. Only 12% of respondents rated their experience as poor or very poor, compared with 88% who reported positive experiences. Furthermore, 83% of respondents stated that obtaining an appointment is easy or very easy.

These findings suggest that the current model is functioning effectively for patients. Concerns were raised that transferring services to Pontyberem—particularly with an estimated 60% increase in patient numbers without a corresponding increase in clinical staff—could adversely affect access and quality of care.



Note: The 'poor' category received zero responses and is therefore not displayed in the figure

## Question 8: How easy is it to get an appointment when you need one?



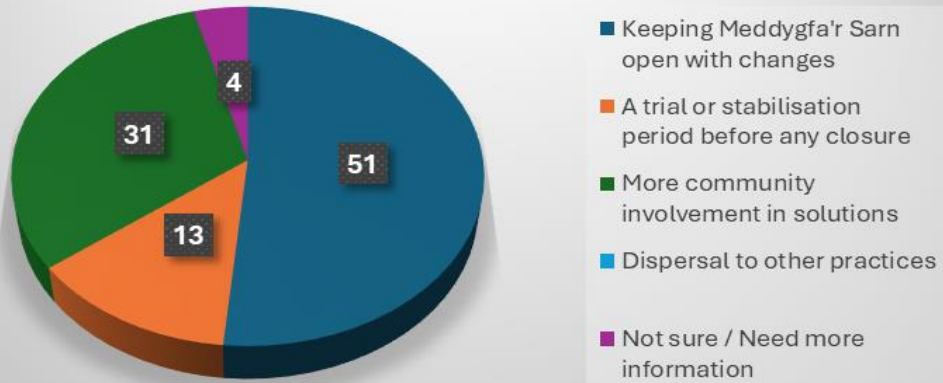
### The future desired by the patients and community in Pontyates:

There is overwhelming opposition within the community to the proposed closure. No respondents (0%) expressed support for the closure proceeding. A small proportion (4%) indicated that they require more information before forming a view.

The remaining respondents expressed a clear preference for the surgery to remain open. Key themes included a desire for greater community involvement in decision-making, exploration of alternative solutions, and a period of stability to ensure continuity of care.

Overall, the survey demonstrates strong community support for retaining local services and highlights significant concerns regarding the potential impact of the proposed changes.

## Question 16: Which of the following would you support?



Note: The 'Dispersal to other practices' category received zero responses and is therefore not displayed in the figure