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Hywel Dda University Health Board
Equality Impact Assessment (EqIA)

Director and Directorate	Andrew Carruthers, Chief Operating Officer
Service Area	General Medical Services, Primary Care

What is an Equality Impact Assessment (EqIA)?

An EqIA is a scrutiny tool which is used to ensure that when making decisions related to creating or changing projects, practices and policies, the decisions made are fair and do not discriminate against any protected group defined under the Equality Act 2010.

Why do they have to be completed?

All public authorities in Wales are **legally required** under the Public Sector Equality Duty 2011 to **demonstrate that due regard** has been given in accordance with the Equality Act 2010 with the need to:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

When should they be completed?

A fully completed EqIA, or if applicable an EqIA Screening, must be produced before the Health Board is asked to make decisions about:

- Changes to the way health services are delivered
- The development of a new service
- Clinical or non-clinical policy document/guidance

Completion of an EqIA or EqIA Screening is monitored as part of the Health Boards escalation process, and forms part of the Quality Impact Assessment process. An EqIA is a living document and should be regularly reviewed and updated in light of new information, emerging evidence or stakeholder engagement.

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It is recognised that certain proposals or decisions will require a wider consideration of potential impacts, particularly those relating to service change or potential major investment. For large scale projects and strategic decisions you will also need to consider undertaking an Equality and Health Impact Assessment. Please contact the Diversity and Inclusion (D&I) team if you require further clarity.

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.

Support
For further support please visit the EqIA Sharepoint or contact:
Email: Inclusion.hdd@wales.nhs.uk
Tel: 01554 899055

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Section 1: Overview

1.	**What are you Equality Impact assessing?**	**This EqIA assesses the potential impact of a managed dispersal of the patient list of Meddygfa'r Sarn Health Board Managed Practice from 1 October 2026.** Meddygfa'r Sarn has been Health Board managed since 2017, operating from the same premises in Pontyates. Over time closer links have been established with neighbouring Meddygfa Minafon Health Board Managed Practice. More recently it has been recognised that there may be other opportunities available to the Health Board to continue to provide General Medical Services to the registered population. The Vacant Practice Panel met in October 2025 to assess the options and made a Recommendation that the practice list be dispersed from 1 April 2026. This recommendation was discussed at Public Board on 29 January 2026. The Board *'noted the recommendation from the Vacant Practice Panel on 31 October 2025 that a managed dispersal of the Meddygfa'r Sarn patient list take place and agreed that an 8 week period of public engagement would be undertaken, with the outcome presented to the May 2026 Public Board mee*ting' (Minutes). The eight-week public engagement period has concluded, and the feedback from patients and stakeholders has informed this EqIA.
2.	**Brief Aims and Description of the procedure/ proposal/ project/ policy:**	The recommendation of the Vacant Practice Panel is for the managed dispersal of the practice list to neighbouring practices (revised date of 1 October 2026). This would mean the allocation of registrations of all 4.4k Sarn patients to the next nearest practice to their

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		home address (based on travel time by car) and the closure of Meddygfa'r Sarn. Under this proposal the majority of the patients (approximately 2962 patients) would be transferred to Coalbrook Surgery in Pontyberem, approximately 960 patients living close to Trimsaran or Kidwelly would transfer to Meddygfa Minafon Health Board Managed Practice and approximately 317 patients living closer to Llanelli would transfer to Ash Grove Health Board Managed Practice in Llanelli. The EqIA forms part of the papers for the Public Board meeting of 28 May 2026 where the recommendation of the Vacant Practice Panel of October 2025 will be discussed.
3.	**Who is involved in undertaking this EqIA? (names/job titles)**	Primary Care team, Engagement team
4.	**Is the procedure/ proposal/ project/ policy related to other policies/ areas of work?**	No
5.	**Is this a new EqIA or an updated EqIA?**	New ☒ Updated ☐ Date of original or last version of the EqIA: Please give details / explain any amendments.
6.	**Who will be affected by the procedure/ proposal/ project/ policy development?** (Consider staff as well as the population, patients, carers and family members who may be affected to different degrees)	• The registered patients of Meddygfa'r Sarn, also unpaid carers/family members who may not be registered with Meddygfa'r Sarn (where applicable). Engagement feedback has shown concern that there may be an impact on the patients of those practices that would receive larger numbers of new patients (Coalbrook Surgery, Meddygfa Minafon, Ash Grove Surgery). • The practice staff at Meddygfa'r Sarn (employees of the Health Board)

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7.	**What might help/hinder the success of the procedure/ proposal/ project/ policy?**	Participation by patients and stakeholders in the engagement process has been high and this has provided a high volume of both qualitative and quantitative data on views on the proposed dispersal.

Section 2: Human Rights

Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below.

Depending on the **procedure/ proposal/ project/ policy** you are considering, you may find the examples below helpful in relation to the Articles.

Consider, is the procedure/ proposal/ project/ policy relevant to:	Yes	No
Article 2: The right to life. **Example**: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control.		✓
Article 3: The right not to be tortured or treated in an inhuman or degrading way. **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control		✓
Article 5: The right to liberty **Example**: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control		✓
Article 6: The right to a fair trial		✓

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Example: issues of patient choice, control, empowerment and independence		
Article 8: The right to respect for private and family life, home and correspondence. **Example**: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life		✓
Article 11: The right to freedom of thought, conscience and religion **Example**: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers		✓

Section 3: Gathering of Evidence and Assessment of Potential Impact

How will the procedure/ proposal/ project/ policy impact on Age: Is it likely to affect older and younger people in different ways or affect one age group and not another?	**Positive**	✓
	Negative	✓
	No Impact	

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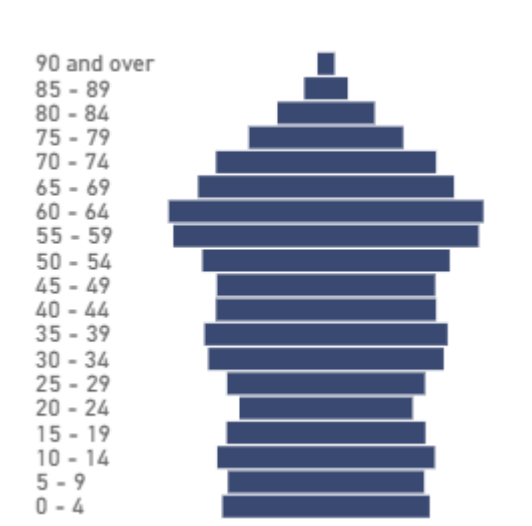
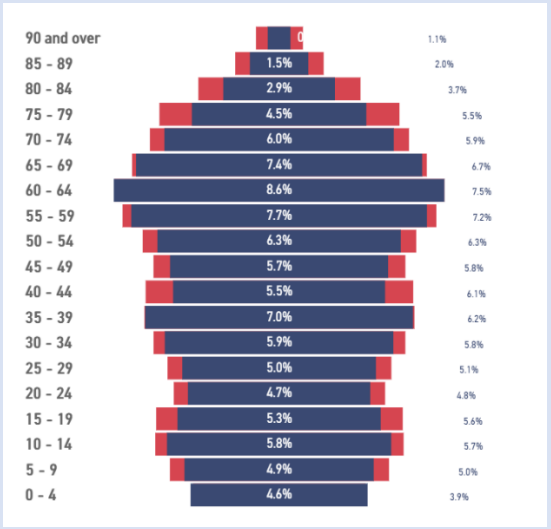
Guidance Remove population data if not relevant to EqIA and upload relevant data. Insert an age breakdown of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	**Patient data** This analysis uses February 2026 registrations data from NHS Wales Shared Services Partnership held in Power BI as this is more accurate and current than the 2021 ONS census data. Figure 1 Sarn age demographic  Figure 2 (Sarn – blue, Carms – red)  Figure 1 shows the age profile for patients registered with Meddygfa'r Sarn. Figure 2 shows a comparison of the age profile of the Sarn registered population in blue with the population of all patients registered with a GP practice in Carmarthenshire in red (so Amman Gwendraeth, 2Ts and Llanelli Clusters) and shows a broadly similar profile in most bands. However, differences include Sarn having lower proportions of patients in the oldest age groups compared with Carmarthenshire. Sarns shows a higher percentage of patients in the 55-69 years bands compared with county average.

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	Meddygfa'r Sarn does not serve any care homes because there are none situated within the practice area. In profile terms this is unusual within the Cluster and the wider County, and this is reflected in the lower than average numbers for the older age bands. The data from the public engagement questionnaire showed that the majority of respondents were over 55 years of age (68.3% of respondents) reflecting a predominantly older profile for the respondents.

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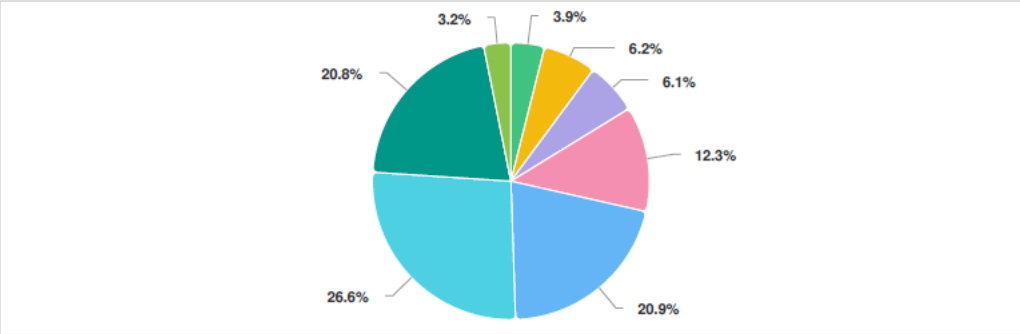
Figure 3 Age demographics of respondents to patient questionnaire



Question options	responses	%
18-24	36	3.9
25-34	57	6.2
35-44	56	6.1
45-54	113	12.3
55-64	192	20.9
65-74	244	26.6
75 and above	191	20.8
Prefer not to say	29	3.2

No data was collected on the age of those attending the three drop-in events during the engagement period, but this is thought to be consistent with the questionnaire data above.

Main observations:

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	• Older age groups are higher users of services and may be disproportionately negatively affected by the proposed dispersal of Meddygfa'r Sarn because of transport challenges. Some patients told us they expect to stop driving in later years and will be more dependent on family or friends or public transport. This is echoed in the questionnaire feedback from patients which shows strong qualitative feedback in this area. Older patients also expressed concerns about parking and reduced mobility. No age-specific data exists for travel but as a whole respondent group 6.6% of patients said they used the bus against 71.1% who travelled by car, 21.1% travelled on foot and 5.8% other (taxi, bicycle). Some patients ticked more than one option suggesting a combination of means of travel (hence the results exceed 100%). • Older age groups may attach more value to continuity of care at the same location over longer periods of time – several patients who fed back during the engagement described being registered at the practice for decades, since childhood or across multiple generations of the same family. Some patients linked this long relationship with the practice into later life with a sense of familiarity, trust and security. Older patients also described a broader loss of confidence in their community and local institutions, and not just about the practicalities of transport. Some people linked the proposed dispersal and closure of the practice with weakened viability of the community. • At the other end of the age spectrum a very small proportion of patients (<1%) shared concerns about travel with young children over longer distances or more complicated routes (see Pregnancy domain below). This includes needing to take more time off work/school to travel and increased costs of travel.
Insert breakdown of staff age in the specific service/ area of work. If no information is available, please state that here including how you plan to address any	Due to small numbers, we cannot report data, in order to protect anonymity of staff.

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identified data gaps in the future.		
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • Older age groups may be disproportionately negatively affected by the proposed dispersal because these groups are higher users of services and may stop driving in later years and become more dependent on family or friends or public transport • Older age groups may attach greater value to the location of services in Pontyates • Older patients with mobility problems expressed concerns about parking at Coalbrook and Minafon.	Opportunities for improvement / mitigation • Appeals process for patients at dispersal so patients who have challenges with specific travel journeys/routes can appeal to be allocated to another practice where this is easier for them to manage (subject to contractual boundaries) • Dolen Teifi community transport organisation has indicated there are dedicated fully accessible vehicles in Kidwelly, Tumble and Cross Hands and that it may be possible to support patients of all ages with transport needs • Explore potential to extend public transport (bus) services with Carmarthenshire County Council • Explore the development of services at Pontyates Community Pharmacy to ensure access to its core and supplementary services is maintained in the village • Explore potential with the receiving practices to work appointments around public transport times to minimise inconvenience to patients • Parking – work with Coalbrook to have the parking spaces immediately adjacent to the surgery entrance marked as disabled / drop-off bays. Incorporate additional disabled /drop-off bays in plans to redevelop the site at Minafon

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Provide a brief summary of the positive impacts you have identified.	Positive Impact • Services - the main receiving practices (Coalbrook, Minafon, Ash Grove) all serve care homes. Ash Grove provides the Care Homes Enhanced Service. • An analysis of the travel time data for the proposed dispersal shows that 12.7% of patients would be transferred to a practice closer to their home address than is currently the case with Sarn. For the greater part these are patients living in Pontyberem (so near Coalbrook Surgery),or Trimsaran and Kidwelly (so living closer to Meddygfa Minafon).

How will the procedure/ proposal/ project/ policy impact on Disability: Those with a physical disability, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes.	**Positive**	✓
	Negative	✓
	No Impact	

Insert data for those affected. Include data on the disabilities listed above. (The aging population may have significant levels of age-related disabilities.) If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Disability status is not consistently recorded across GP practice clinical systems (rather medical conditions). This analysis uses self-reporting from the ONS Census data from 2021 and some limited data that can be extracted from the clinical system. In 2021 Llangyndeyrn ward (which includes Pontyates, Carway and Meinciau) sat in the upper-middle to higher prevalence range for self-reported disability (20.8% against a Carmarthenshire average of 21.6% and Wales average of 21.1%). Disability can affect access to primary care through physical access barriers, access system barriers, and communication and transport barriers. The Sarn clinical system has the following data recorded for registered patients (percentages of total practice population): • Patients on the learning disabilities register – 0.4% • Patients recorded as Housebound – 0.95% • Patients with a Blue Badge – 0.29% Approximately a third of the respondents to the questionnaire self-identified as disabled in some way, including mobility impairments, long-term health conditions, mental health conditions and sensory impairments. Of these patients travel and transport was the biggest barrier with survey data suggesting that the majority travelled by car. Some said they would be unable to travel further than Sarn by car (the distance between Sarn and Coalbrook is 3 miles).

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Insert breakdown of staff with a disability who may be affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Due to small numbers, we cannot report data, in order to protect anonymity of staff.	
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • Patients at Sarn who self-identify as disabled may find it harder to access services at another practice because of travel and transport difficulties	Opportunities for improvement / mitigation • Parking – work with Coalbrook to have the parking spaces immediately adjacent to the surgery entrance marked as disabled / drop-off bays. Incorporate additional disabled /drop-off bays in plans to redevelop the site at Minafon. • Work with Dolen Teifi community transport organisation which has dedicated fully accessible vehicles based in Kidwelly and Tumble.
Provide a summary of the positive impacts you have identified.	Positive Impact • Coalbrook, Minafon and Ash Grove all have electric doors at the patient entrance (Sarn does not)	

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How will the procedure/ proposal/ project/ policy impact on Gender Reassignment: Consider the potential impact on individuals who have undergone, intend to undergo or are currently undergoing gender reassignment; and those who do not intend to undergo medical treatment but wish to live in a different gender from their gender at birth.	**Positive**	✓
	Negative	
	No Impact	

Guidance

Remove population data if not relevant to EqIA.

Population Data

People, population and community - Office for National Statistics (ons.gov.uk)

County	Carms	
Gender	value	%
Gender identity the same as sex registered at birth	144,924	93.2
Gender identity different from sex registered at birth but no specific identity given	210	0.14
Trans woman	93	0.06
Trans man	90	0.06
Non-binary	60	0.04
All other gender identities	38	0.02
Not answered	10,072	6.48

Insert evidence of what proportion of those affected identify as a gender that is different to their sex registered at birth. This data can be recorded in table or free text format.

If no information is available, please

A very small number of patients self-identified as transgender or non-binary in the questionnaire (<1%). No respondents raised transgender-specific issues or gender-identity-related concerns in relation to the proposed dispersal.

Sarn does not provide the Transgender Local Enhanced Service, nor does Minafon. Both Coal,lllllllllllllllllkl,brook and Ash Grove do provide this service, and this would provide a more convenient basis for shared care arrangements should any patients transferring be receiving care under this service.

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state that here, including how you plan to address any identified data gaps in the future.		
Insert breakdown of staff gender reassignment information affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Due to small numbers, we cannot report data, in order to protect anonymity of staff.	
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact** •	**Opportunities for improvement / mitigation** •
Provide a summary of the positive	Positive Impact • Coalbrook and Ash Grove provide the Transgender Local Enhanced Service	

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impacts you have identified.	

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How will the procedure/ proposal/ project/ policy impact on **Marriage and Civil Partnership:**	Positive	
	Negative	
	No Impact	✓

Guidance Remove population data if not relevant to EqIA.	**Population Data** Under the Equality Act, the characteristic of Marriage and Civil Partnerships is only protected in the workplace/ employment. In Carmarthenshire, 32.4% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 20.3% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Carmarthenshire: Census 2021 (ons.gov.uk) In Ceredigion, 38.7% of people never married or registered a civil partnership, against 43.1% of people who are married or on a civil partnership. The remaining 18.2% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Ceredigion: Census 2021 (ons.gov.uk) In Pembrokeshire, 31.8% of people never married or registered a civil partnership, against 47.3% of people who are married or on a civil partnership. The remaining 21% either had their legal partnership status dissolved, are separated or are surviving their partner. How life has changed in Pembrokeshire: Census 2021 (ons.gov.uk)
If data is available insert evidence of those that are affected are Married or are in a Civil Partnership. This data can be recorded in table or free text format. If no information is available, please state that here, including how you	No data is required in this section as the characteristic of Marriage and Civil Partnerships is only protected in respect to the workplace/employment therefore would not be applicable to service users.

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plan to address any identified data gaps in the future.	
Insert breakdown of staff marriage / civil partnership information affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Due to small numbers, we cannot report data, in order to protect anonymity of staff.
If you have determined no impact, please provide a brief explanation.	No impact on marriage or civil partnership is anticipated. This proposal does not directly discriminate on the basis of marriage or civil partnership.

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How will the procedure/ proposal/ project/ policy impact **Pregnancy and Maternity:** Maternity covers the period of 26 weeks after having a baby, whether or not they are on Maternity Leave.		Positive	✓
		Negative	✓
		No Impact	
Guidance Remove population data if not relevant to EqIA.	**Population Data (Wales)** Births in England and Wales: summary tables - Office for National Statistics (ons.gov.uk)		
If data is available insert evidence of those that are affected are Pregnant or on Maternity Leave. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	In the questionnaire 1.7% of respondents said they were currently pregnant or had given birth in the past year. Some patients made reference to care for babies and infants including immunisations and GP appointments. Concerns in this group centred on travel and transport but also extended to concerns about accessing appointments in another practice for an acutely unwell child. Contractually under the Access Standards in Wales all practices offer same day consultations for children under 16 with acute presentations. The Community Midwife runs a weekly clinic in Sarn as is the case in Minafon, Coalbrook and Ash Grove. There is a weekly Health Visitor/Baby clinic in Sarn, Coalbrook, Minafon and Ash Grove. Broadly speaking the same services are provided across all these practices, the impact would be on travel to them for this group. All GP practices provide GMS maternity services for patients as part of the core Unified Contract, along with child health services (including vaccinations and screening). Data from the Sarn clinical system records 20 women as pregnant and 32 children under the age of one year.		

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Insert breakdown of pregnancy & maternity information affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Due to small numbers (if any), we cannot report data, in order to protect anonymity of staff.	
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • In some cases, women may be expected to travel further for these services and the impact on patients will depend on travel arrangements.	Opportunities for improvement / mitigation • targeted communication to pregnant women on transfer arrangements through Midwife and Health Visitor Clinics
Provide a summary of the positive impacts you have identified.	Positive Impact • Those women living closer to other practices may find the travel less onerous.	

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How will the procedure/ proposal/ project/ policy on Race/Ethnicity or Nationality: People of a different race, nationality, colour, culture or ethnic origin including non-English / Welsh speakers, Gypsies/Travellers, asylum seekers and migrant workers. Also includes citizenship.	**Positive**	
	Negative	
	No Impact	✓

Guidance

Remove population data if not relevant to EqIA.

Population Data

County	Carms	
Ethnicity	Value	%
Total: All usual residents	187,898	100
Asian, Asian British or Asian Welsh	2,321	1.2
Black, Black British, Black Welsh, Caribbean or African	455	0.2
Mixed or Multiple ethnic groups	1,756	0.9
White	182,652	97.2
Gypsy or Traveller	450	0.2
Another ethnic group	714	0.4

People, population and community - Office for National Statistics (ons.gov.uk)

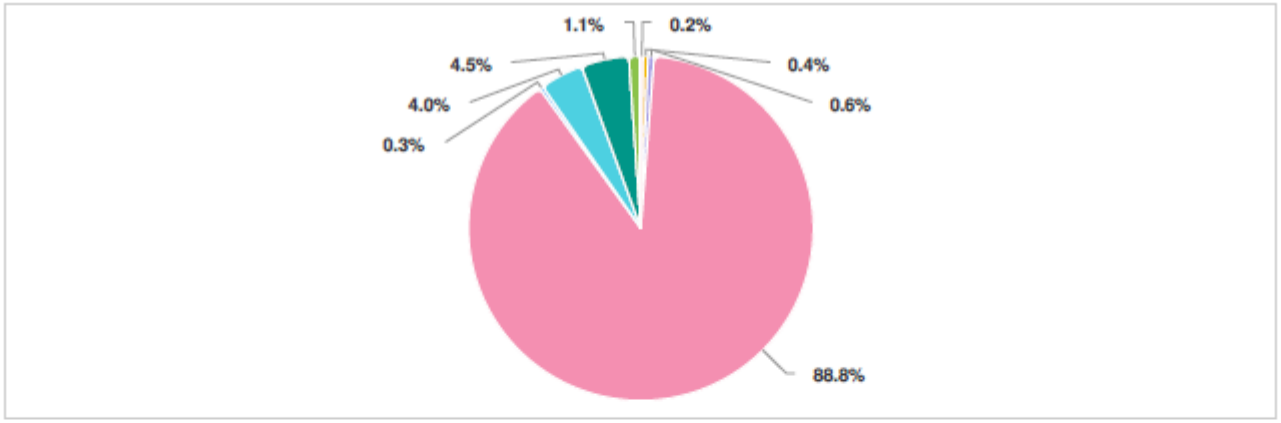
If data is available insert a breakdown of Race / Ethnicity or

The breakdown of responses to Q15 'Which race or ethnicity best describes you?' is below. No direct discrimination or differential treatment by race, ethnicity or nationality for the proposed dispersal is identified, the impact of the dispersal is universal in these terms.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Nationality of those that are affected. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	**Figure 4 Questionnaire responses to 'Which race or ethnicity best describes you?'**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.



Question options	responses	%
Asian/British Asian: Chinese	2	0.2
Asian/British Asian: Indian	4	0.4
Asian/British Asian: Other	5	0.6
White: British (British/English/Northern Irish/Scottish/Welsh)	793	88.8
White: Irish	3	0.3
White: European	36	4.0
Prefer not to say	40	4.5
Another race or ethnicity – please identify	10	1.1

Insert breakdown of the Race/Ethnicity or	Due to small numbers, we cannot report data, in order to protect anonymity of staff.

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Nationality of the staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.		
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact** •	**Opportunities for improvement / mitigation** •
Provide a summary of the positive impacts you have identified.	**Positive Impact** •	
If you have determined no impact, please	The impact of the proposed dispersal is universal in terms or race, ethnicity and nationality.	

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provide a brief explanation.	

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How will the procedure/ proposal/ project/ policy impact on Religion or Belief (or non-belief): The term 'religion or belief' includes a religious or philosophical belief, including ethical veganism.	**Positive**	
	Negative	
	No Impact	✓

Guidance

Remove population data if not relevant to EqIA.

Population Data

County	Carms	
Religion	Value	%
Total: All usual residents	187,899	100
No religion	83,409	44.4
Christian	89,378	47.6
Buddhist	557	0.3
Hindu	419	0.2
Jewish	103	0.1
Muslim	1,026	0.5
Sikh	177	0.1
Other religion	1,127	0.6
Not answered	11,703	6.2

People, population and community - Office for National Statistics (ons.gov.uk)

If data is available insert a breakdown of the Religion or Belief (or non-belief) of those affected. This data can be recorded in table or free text format.

If no information is available, please

Patient data from the questionnaire is below.

Patients did not include comments about religion or faith in their views on the proposed dispersal.

A letter expressing concern at the proposed dispersal was received from the Church and Society Committee of the Presbyterian Church of Wales, but the concerns expressed did not relate to religion or belief.

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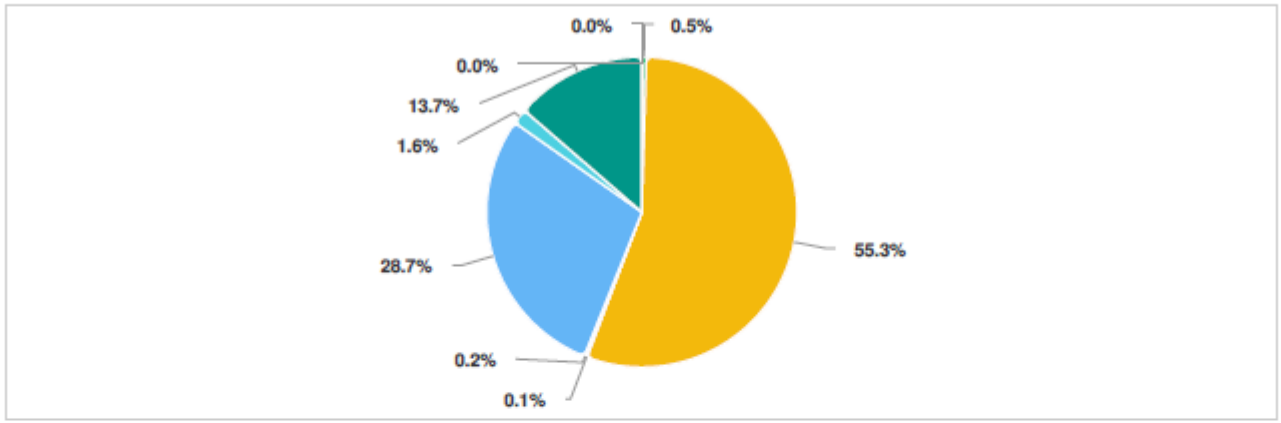
state that here, including how you plan to address any identified data gaps in the future.

Q17. What do you consider your religion to be?



Question options	responses	%
Buddhist	4	0.5
Christian	486	55.3
Hindu	1	0.1
Jewish	2	0.2
No religion	252	28.7
Other religion	14	1.6
Prefer not to say	120	13.7
Muslim	0	0.0
Sikh	0	0.0

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

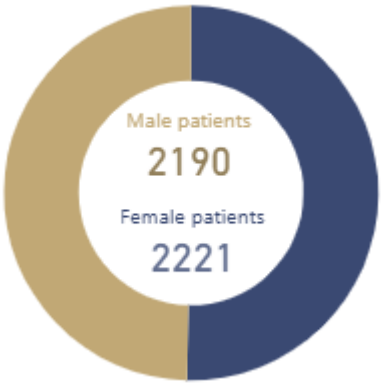
Insert breakdown of Religion or Belief (or non-belief) of staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Due to small numbers, we cannot report data, in order to protect anonymity of staff.	
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	**Negative Impact** •	**Opportunities for improvement / mitigation** •
Provide a summary of the positive impacts you have identified.	**Positive Impact** •	
If you have determined no impact, please	No Impact is anticipated on religion or belief as a result of the proposed dispersal.	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

provide a brief explanation.	

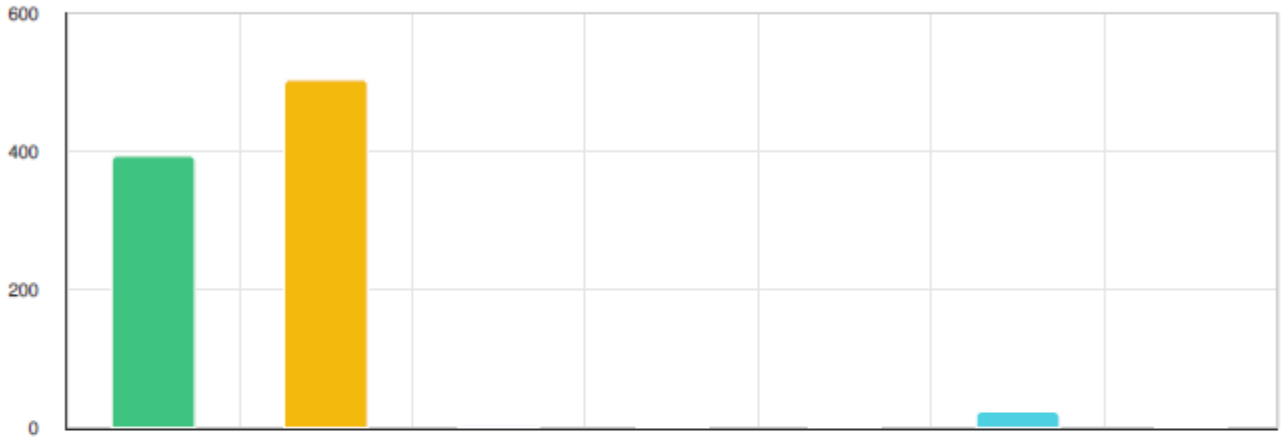
Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Sex: Consider whether those affected are mostly male or female and where it applies to both equally does it affect one differently to the other?	**Positive**	
	Negative	✓
	No Impact	

If data is available insert a breakdown of the Sex of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Data from Power BI shows that 50.33% of registered patients are women and 49.67% are men.  There is no direct sex discrimination associated with the proposed dispersal. However, women may be indirectly impacted by the proposed dispersal because of issues relating to pregnancy, maternity (see above) and childcare. Women are also more likely to be in unpaid caring roles and therefore responsible for managing appointments and transport logistics. Cervical screening clinics are provided by all GP practices as a core element of the Unified Contract and are available in Coalbrook, Minafon and Ash Grove. Contraceptive services, including long-acting reversible contraception, is available from all practices. Data from the patient questionnaire shows a higher proportion of responses from women (54.9% against 50.33%).

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Q10. What best describes your gender? (Tick all that apply)



Question options	responses	%
Man	393	42.9
Woman	503	54.9
Trans Male / Trans Man	2	0.2
Non-binary	1	0.1
I use another term	1	0.1
Prefer not to say	23	2.5
Trans Female / Trans Woman	0	0.0

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Insert breakdown of the Sex of staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Due to small numbers, we cannot report data, in order to protect anonymity of staff.	
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • See Pregnancy and Maternity domain above • Some women described themselves as unpaid carers for elderly or disabled family members	Opportunities for improvement / mitigation • Dolen Teifi community transport organisation has indicated there are dedicated fully accessible vehicles in Kidwelly, Tumble and Cross Hands and that it may be possible to support patients with transport needs • Explore potential to extend public transport (bus) services with Carmarthenshire County Council
Provide a summary of the positive impacts you have identified.	**Positive Impact** •	

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

How will the procedure/ proposal/ project/ policy impact on Sexual Orientation: Whether a person's sexual attraction is towards their own sex, the opposite sex or either.		**Positive**	
		Negative	
		No Impact	✓
If data is available insert a breakdown of the Sexual Orientation of those affected. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	78.1% of respondents to the equalities monitoring question regarding sexual orientation described themselves as Heterosexual or Straight. 5.5% of respondents described themselves as Asexual, 1.3% Bisexual, 1.1 % Gay man and 1.1% Gay woman.		
Insert breakdown of the Sexual Orientation of staff affected by your specific service/area of work. If no information is available, please state that here including how you plan to address any	Due to small numbers, we cannot report data, in order to protect anonymity of staff.		

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identified data gaps in the future.		
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact •	Opportunities for improvement / mitigation •
Provide a summary of the positive impacts you have identified.	Positive Impact •	
If you have determined no impact, please provide a brief explanation.	No Impact is anticipated owing to a person's sexual orientation.	

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How will the procedure/ proposal/ project/ policy impact on Armed Forces: Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life. Also consider their unique experiences when accessing and using day-to-day public and private services compared to the general population. It could be through 'unfamiliarity with civilian life, or frequent moves around the country and the subsequent difficulties in maintaining support networks, for example, members of the Armed Forces can find accessing such goods and services challenging.' For a comprehensive guide to the Armed Forces Covenant Duty and supporting resource please see: **Armed-Forces-Covenant-duty-statutory-guidance**	**Positive**	
	Negative	
	No Impact	✓

Guidance Remove population data if not relevant to EqIA.	**Population Data** Carmarthenshire (%) Regular 3.6 Reserve 0.9 Both 0.2 Total 4.7 People, population and community - Office for National Statistics (ons.gov.uk)
If data is available insert evidence of what proportion of those affected are members of the Armed Forces Community. This data can be recorded in table or free text format. If no information is available, please	3.7% (14 patients) of respondents to the questionnaire said they were veterans, reservists or cadet force volunteers. The practice's register of veterans (self-identified) is 45 patients. This suggests the majority of veterans either did not attempt the questionnaire or declined to respond to the monitoring question. All GP practices in Wales are expected to comply with Welsh Health Circular WHC (2023) 022 Armed Forced Covenant: Healthcare Priority / Special Consideration.

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state that here, including how you plan to address any identified data gaps in the future.	
Insert data to show the proportion of staff affected by your specific service/area of work that are a member of the Armed Forces community. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Due to small numbers (if any), we cannot report data, in order to protect anonymity of staff.
If you have determined no impact, please provide a brief explanation.	No direct adverse impact on veterans as a distinct group or the Armed Forces Community is identified.

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Socio-economic Deprivation:

Consider those on low income, economically inactive, unemployed or unable to work due to ill-health. Also consider people living in areas known to exhibit poor economic and/or health indicators and individuals who are unable to access services and facilities. Food/ fuel poverty and personal or household debt should also be considered.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see: **https://gov.wales/more-equal-wales-socio-economic-duty**

Positive	
Negative	✓
No Impact	

Guidance

Remove population data if not relevant to EqIA.

Population Data

	Carms	
Economic Factor	Value	%
Economically active – In employment (this includes full time students)	81,952	52.7
Economically active - Unemployed	3,922	2.5
Economically inactive	69,613	44.8

In its vast majority, Carmarthenshire, Pembrokeshire and Ceredigion areas have been ranked 'least deprived' or as second 'least deprived' in Wales. There are a number of areas identified as being nearer 'most deprived', which are concentrated around Pembroke, Pembroke Dock, Milford, Cardigan, Llanelli and Kidwelly.
(Welsh Index of Multiple Deprivation 2019).
Welsh Index of Multiple Deprivation (WIMD) 2019: results report (gov.wales)

If data is available insert evidence of what proportion of those that are affected are experiencing socio-

WIMD data from 2019 and 2025 shows that Lower Super Output Areas for the Pontyates area overall is not within the most deprived areas of Wales, however pockets of deprivation can exist and the rural nature of the area can mask deprivation in certain domains.

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economic deprivation. This data can be recorded in table or free text format. If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	For the domain for Access to Services, rural communities are generally more affected than urban ones and this is the case with the Pontyates area. WIMD data shows income deprivation for older people on fixed incomes, adults who are economically inactive and those with poor access to affordable transport. Cost of living was raised as an issue by patients both in the questionnaires and at the drop-in events (explicitly taxi fares and fuel costs). Unfortunately, a high proportion of respondents declined to answer the monitoring question on income, so the data set is smaller than for many other areas:

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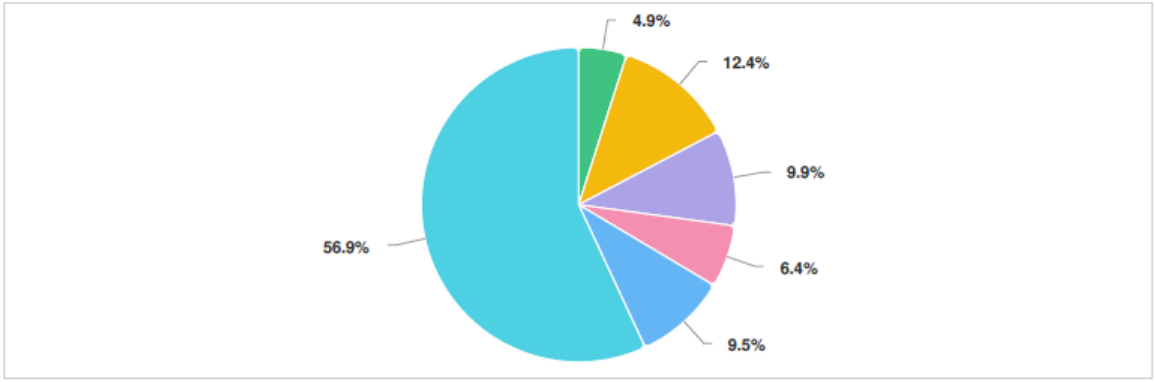
Q22. Please tell us the total annual income of your household (before tax and deductions, but including any benefits and allowances). Tick 1 box only.



Question options	responses	%
Below £10,000	43	4.9
£10,001 – £20,000	108	12.4
£20,001 – £30,000	86	9.9
£30,001 - £40,000	56	6.4
Over £40,001	83	9.5
Prefer not to say	497	56.9

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Insert data to show the proportion of staff affected by your specific service/area of work that are experiencing socio-economic deprivation. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Due to small numbers (if any), we cannot report data, in order to protect anonymity of staff.	
Ensure mitigation actions are recorded in line with the negative impact it refers to. Align bullet points so that it is clear which mitigation actions align with the relevant negative impact.	Negative Impact • PHW data for Carmarthenshire as a whole shows a clear link between deprivation and poorer health outcomes, fewer healthier years of life, higher disability and higher mortality. • People on lower incomes are less likely to have independent means of transport and more likely to be reliant on public transport, or family and friends	Opportunities for improvement / mitigation • Work with Carmarthenshire County Council to support people over 60 and eligible disabled people to apply for a free bus pass (for individuals who do not already hold this) • Explore potential to extend public transport (bus) services with Carmarthenshire County Council. • Provision of free or affordable public transport alternatives to taxis (Dolen Teifi community transport)
Provide a summary of the positive impacts you have identified.	**Positive Impact** •	

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Welsh Language: Please note opportunities for persons to use the Welsh language and treating the Welsh language no less favourably than the English language.	**Positive**	
	Negative	
	No Impact	✓

Guidance Remove population data if not relevant to EqIA.	Population Data - According to Welsh Census 2022 data, it is estimated that 45% of people aged three or older had some level of Welsh language skills. This figure equates to around 172,000 people. Definition of whether a person has Welsh language skills (as recorded in the Census 2022). If a person can or does do any of the following: • Understand spoken Welsh • Speak Welsh • Read Welsh • Write Welsh Area: Carmarthenshire — Percentage of people who can speak Welsh: 53.3 People, population and community - Office for National Statistics (ons.gov.uk)
If data is available insert evidence of what proportion of those that are affected use the Welsh Language. This data can be recorded in table or free text format.	Data from the patient questionnaire shows 18% of respondents said Welsh was their main language.

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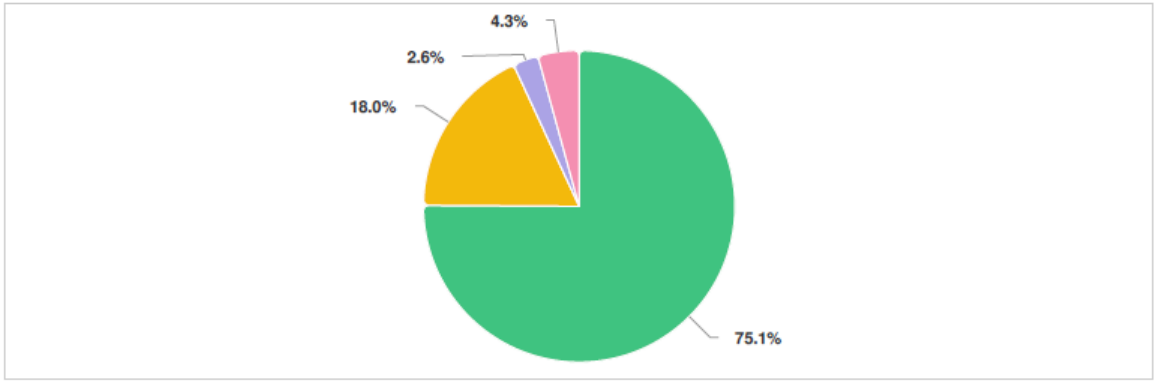
If no information is available, please state that here, including how you plan to address any identified data gaps in the future.	Figure 5 Welsh language **Q23. What is your main language spoken/used at home?**  **Question options** / **responses** / **%** English — 685 — 75.1 Welsh — 164 — 18.0 Prefer not to say — 24 — 2.6 Other (Please state - including British Sign Language) — 39 — 4.3 There are Welsh-speaking administrative and nursing staff in Coalbrook, Minafon and Ash Grove practices.

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If data is available insert evidence of what proportion of staff affected by your specific service/area of work use the Welsh Language. This data can be recorded in table or free text format. If no information is available, please state that here including how you plan to address any identified data gaps in the future.	Due to small numbers, we cannot report data, in order to protect anonymity of staff.
If you have determined no impact, please provide a brief explanation.	No Impact

Additional considerations
In addition to the above protected characteristics please consider impact on the following: a) Vulnerable groups (homeless and vulnerably housed, Gypsy, Roma and Travellers, Refugees, Asylum Seekers) b) Unpaid Carers c) Individuals and communities who experience Digital Exclusion **d)** Rural and Urban communities

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a) Vulnerable groups: Under WG guidance for the GMS Contract for 2026/27 all practices will be required to identify 'vulnerable individuals experiencing multiple severe and overlapping disadvantages that significantly increase their risk of poor health' (inclusion health services). This includes homelessness and asylum seekers, refugees and vulnerable migrant workers. At the time of drafting this EqIA (April 2026) this guidance is new to all practices and registers of vulnerable groups are still under development. Based on an initial data trawl of the Sarn clinical system, these classifications would apply to <0.1% of patients.

b) Unpaid carers: data from the patient questionnaire shows 141 people who identified themselves as a primary carer of a disabled older person, adult or child). Longer or more complex travel arrangements would impact this group.

c) Individuals and communities who experience Digital Exclusion – a very small number of respondents to the questionnaire said they were not computer-literate or did not use technology or have a mobile phone. This group could be indirectly impacted by the proposed dispersal if challenges with travel made reliance on digital more relevant.

d) Rural and Urban communities: the ONS classifies the area as predominantly rural in character. Under the proposed dispersal the majority of patients would experience longer travel times to their new practice. Those without a car including older people and those on lower incomes would be affected, as documented above.

Intersectionality

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

It is important to consider breaking the analysis down by more than one protected characteristic. This is often referred to as 'intersectionality'. Many people will have more than one protected characteristic and, certain aspects of who we are, for example, our race, gender, faith and socio-economic status can increase our positive experiences or contribute to negative experiences, made worse by the combined effects of multiple discrimination, barriers and challenges. **Example:** The experiences of a Muslim woman will differ from that of a Muslim man and of a non-Muslim woman. An EqIA may separately identify impacts for Muslim people under Religion or Belief and the impacts for men and women under Sex, but it is also important to recognise that the combined impacts could be very different for a Muslim woman compared to a Muslim man or a non-Muslim woman.
Have you identified any specific additional impacts regarding intersectionality e.g., age and sex, disability and sexual orientation? People who may experience multiple disadvantages include older people on lower incomes who are unpaid carers and do not have ready access to transport. Families on low incomes with young children and primary carers of disabled people with poor access to transport could be similarly affected.

Section 4: Assessment of Scale of Impact

In this scoring section, you need to assign two scores: an **opportunity/impact score and a likelihood score.** The likelihood score represents the probability of the opportunity or impact occurring, while the opportunity/impact score reflects the severity of the opportunity or impact. Once both scores have been recorded, the scores with automatically be multiplied in order to calculate the **Total Score** for each protected characteristic.

(Opportunity/impact Score x Likelihood Score = Total Score)

OPPORTUNITY AND IMPACT		
IMPACT	**SCORE**	**The proposed change is anticipated to lead to the following level of opportunity and/or impact:**

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Positive	**5**	Excellence	(Excellence): Outstanding benefits, significant reduction in health inequalities, and major improvements in service delivery and public confidence.
	4	Major	(Major): Long-term improvements, major reduction in health inequalities, and substantial service delivery enhancements.
	3	Moderate	(Moderate): Moderate benefits requiring professional intervention, moderate reduction in health inequalities, and moderate service delivery improvements.
	2	Minor	(Minor): Minor improvements in access, experience, and outcomes, with minor reductions in health inequalities.
	1	Negligible	(Negligible): Negligible improvements in access, experience, and outcomes, with negligible reductions in health inequalities
Neutral	**0**	Neutral	(Neutral): No effect, either positive or negative.
Negative	**-1**	Negligible	(Negligible): Negligible negative impact, minimal injury potential, and negligible negative impacts on service delivery
	-2	Minor	(Minor): Minor negative impact, minor injury potential, and minor negative impacts on service delivery.
	-3	Moderate	(Moderate): Moderate negative impact, moderate injury potential, and moderate negative impacts on service delivery.
	-4	Major	(Major): Major negative impact, major injury potential, and major negative impacts on service delivery.
	-5	Catastrophic	(Catastrophic): Catastrophic negative impact, potential for death or severe injury, and significant negative impacts on service delivery.

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LIKELIHOOD		
1	Rare	Not expected to occur for years. Will occur in exceptional circumstances.
2	Unlikely	Expected to occur at least annually. Unlikely to occur
3	Possible	Expected to occur at least monthly. Reasonable chance of occuring.
4	Likely	Expected to occur at least weekly. Likely to occur.
5	Almost Certain	Expected to occur at least daily. More than likely to occur.

LIKELIHOOD \ OPPORTUNITY / IMPACT	**5**	**4**	**3**	**2**	**1**	**0**	**-1**	**-2**	**-3**	**-4**	**-5**
5	25	20	15	10	5	0	-5	-10	-15	-20	-25
4	20	16	12	8	4	0	-4	-8	-12	-16	-20
3	15	12	9	6	3	0	-3	-6	-9	-12	-15
2	10	8	6	4	2	0	-2	-4	-6	-8	-10
1	5	4	3	2	1	0	-1	-2	-3	-4	-5

CATEGORY			
	Excellent opportunity		Extreme risk
	Good opportunity		High risk
	Moderate opportunity		Moderate risk
	Minor opportunity		Low risk

- **To access the scoring table below you will need to double click on the table to open an editable version.**
- **To close the scoring table, you need to click to the side of the table.**
- **The information you input will remain when you click back on the word document.**

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

Area					Opportunity* / Impact Rating**	*IIA Matrix		
Note - you can select more than one box per area if change may have multiple impacts e.g. both positive and negative	Positive impact	Neutral impact	Negative impact	Unknown		Opportunity/Impact	Likelihood	Total Score
Age	x		x		* positive rating	3	1	3
					** negative rating	-3	3	-9
Disability	x		x		* positive rating	3	1	3
					** negative rating	-3	3	-9
Gender Reassignment	x				* positive rating	1	1	1
					** negative rating			0
Marriage and Civil Partnership		x			* positive rating			0
					** negative rating			0
Pregnancy and Maternity	x		x		* positive rating	1	1	1
					** negative rating	-2	1	-2
Race/Ethnicity or Nationality		x			* positive rating			0
					** negative rating			0
Religion or Belief		x			* Positive rating			0
					** negative rating			0
Sex			x		* positive rating			0
					** negative rating	-2	3	-6
Sexual Orientation		x			* positive rating			0
					** negative rating			0
Armed Forces		x			* positive rating			0
					** negative rating			0
Socio-economic Deprivation			x		* positive rating			0
					** negative rating	-3	3	9
Welsh Language		x			* positive rating			0
					** negative rating			0

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Section 5: Outcome and Actions
This section should be used to detail and monitor any actions identified in sections 1-4.

Will the procedure/ proposal/ project/ policy be adopted? **If no, please give reasons and any alternative action(s) agreed.**	The proposed dispersal of patients and closure of Meddygfa'r Sarn will be discussed at Public Board on 28 May 2026.
If a negative impact cannot be mitigated and it is proposed that HDUHB move forward with the plan/ project/ proposal regardless, please provide your justification for this.	All noted above, see accompanying SBAR.

	Actions • Some actions have been populated for further elaboration, please delete as appropriate and add any additional actions identified. • Include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.	**Assigned to**	**Target Review Date**	**Completion Date**	**Comments/ Update**
1.	**What additional monitoring data will be collected around the impact of procedure/ proposal/ project/ policy once adopted? How will this be collected?**				
2.	**When will the monitoring data be analysed? Who will be responsible for the analysis and subsequent update of the impact assessment and action plan as appropriate?**				

Please note - All white boxes within this EqIA must be completed, please do not leave them blank.

3.	**Where positive impacts have been identified for one or more group, explain how this will be maximised? (This can be split into multiple actions if needed)**				
4.	**This EqIA action plan to be regularly reviewed to ensure all actions are relevant and have been undertaken.**				
5.					
6.					

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Section 6: Authorisation

Ensure that the details for the person completing, as well as the person authorising/owning the EqIA are included (ideally these should not be the same person). A member of the Diversity and Inclusion team will add their information to the final section, to show that the Diversity and Inclusion team have had sight of the EqIA and if required provided guidance.

EqIA Completed by:	**Name/s**	Primary Care team
	Title	
	Team / Division	
	Contact details	
	Date	April 2026
EqIA Authorised by/Owned by: • **Usually the directorate lead would be the owner of the procedure/ proposal/ project/ policy** • **Responsible for the accuracy of the data captured in this EqIA as well as progressing any actions recorded in Section 5**	**Name**	Andrew Carruthers
	Title	Chief Operating Officer
	Team / Division	
	Contact details	
	Date	April 2026
Guidance has been provided by Diversity & Inclusion Team: (to be completed by Diversity and Inclusion team only)	**Name**	
	Title	
	Team	Business, Partnership & Inclusion
	Contact details	
	Date	24/4/2026
Diversity and Inclusion Team additional Comments:	EqIA is complete as at 24/4/2026. If any further data/information is received by the Primary Care Team, then the EqIA will be updated to reflect this.	

Please note: The D&I team will save a copy of the completed form for reference. If any changes are made after the date of review, it is the directorate's responsibility to update the EqIA and inform the D&I team.