

Meddygfa'r Sarn Public Engagement Event 1/3

Pontyates Welfare Hall, 24/02/2026 (1-6.30pm)

Notetaker Sheet Summary

This event was the first opportunity for members of the public to speak to Health Board staff about how the proposed managed dispersal would affect them and attendance was high at 215 people.

Under the managed dispersal patients living in Pontyates would be transferred to Coalbrook Surgery in Pontyberem. The distance between Meddygfa'r Sarn in the centre of Pontyates and Coalbrook Surgery is 3 miles by road (B4317).

The feedback at this first event was consistent with the themes emerging through the questionnaire and the subsequent two drop-in events. The points documented by the notetakers at this event have been analysed using ChatGPT to extract numerical data on the main themes which are listed below:

Theme	Frequency (out of 88)
1. Travel & Transport	83
2. Workforce, capacity & sustainability	72
3. Engagement & decision-making	68
4. Communication & Information	64
5. Quality of care & patient safety	61
6. Premises	48
7. Community Pharmacy	42
8. Housing development	32
9. Health inequalities	21

1. Access to Services & Transport

Transport is the single biggest barrier raised in almost every conversation. People felt transport barriers could leave them at clinical risk.

People described:

- Infrequent bus services (two hourly) and bus routes that do not work for the journey that would be necessary between Pontyates and Pontyberem. Some people said they would have to take a bus to Carmarthen and then change to Pontyates. Some outlying villages had very infrequent or no buses.
- £20–£35 taxi fares that are unaffordable
- Long waits at bus stops (up to 1.5 hours)
- Elderly, disabled, visually impaired, and mental health patients unable to travel
- Many patients said they walked to Meddygfa'r Sarn

2. Workforce, capacity and sustainability

Key concerns included:

- Heavy reliance on GP locums
- Locums willing to stay but not offered salaried roles
- GPs interested in taking over practices but not explored
- Calls for procurement, tendering, or market testing ahead of any other options
- Concern that neighbouring practices cannot absorb thousands of extra patients

3. Engagement & decision-making

There was a strong perception that the Health Board was engaging as a token exercise and that 'the decision has already been made':

- Engagement is on one option only and people have not had the opportunity to state any preference for any other option than dispersal
- The Vacant Practice Panel which made the recommendation did not have any community representation
- Key information has not been made available

4. Communication and Information

People felt communication was late and that they were not aware of the proposal until it reached Public Board, though

- Some people said they found out about the proposal through the media
- People were sceptical about the references to flood risk in the Board paper
- Many people did not understand the key differences between a Health Board Managed Practice and an independent contractor practice. Some did not understand the NHS model for General Medical Services as contractor-lead and businesses
- People wanted more detailed information and a clearer explanation of why the current service is unsustainable.

5. Quality of care and patient safety

People told us they were concerned about;

- Loss of continuity of care with the practice team, including some of the GP locums
- Increased A&E attendances
- Longer waits and reduced access to appointments in the receiving practices (primarily Coalbrook) because these are already struggling
- Decline in care for elderly, disabled, and vulnerable patients because of barriers to access

Some patients told us they felt that although the current service if led by locums, the service is very good and they valued the relationships.

6. Premises

People said;

- The Health Board should invest in the Sarn premises to expand and improve it, rather than close it
- The building is being run down intentionally
- If the current building is unsuitable, then look to repurpose another local building in Pontyates
- Other practices lack parking
- The flood risk is exaggerated and should not be a consideration

7. Community Pharmacy

The local Community Pharmacy near the Surgery in Pontyates was described very positively and as another essential community service. People were concerned that the dispersal of the Surgery would make the Pharmacy lose trade and become non-viable and that it too would close. Other people were concerned that the Pharmacy would be 'too busy' if the Surgery closed and would be overwhelmed.

8. Housing development

People highlighted new housing estates in Carway and Pontyates which would lead to population growth and increasing demand on local services. Some said the Surgery is an asset that attracts new families to the community and closure of the Surgery would make Pontyates unsustainable as a community.

9. Health inequalities

People felt that the area is one of high deprivation as an ex-mining community and that some groups would be disproportionately affected if the Surgery closed. This included elderly and disabled residents, carers and anyone needing help with transport costs.