



**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 January 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Meddygfa'r Sarn / Sarn Surgery
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Rhian Bond, Assistant Director of Primary Care

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

Meddygfa'r Sarn became a Health Board Managed Practice on 1 October 2017, following the resignation of the General Medical Services (GMS) Contract by the Partners in March 2017. The decision to manage the Practice was made in the context of GMS instability in the Amman Gwendraeth Cluster following the resignation of the GMS Contract at neighbouring Meddygfa Minafon in 2015 and other GP Practice sustainability concerns at the time.

Local Health Boards have a statutory duty to ensure the sustained delivery of General Medical Services to their resident population. The Practice has remained Health Board managed since 2017, operating from the same premises in Pontyates. Closer links have been established with neighbouring Meddygfa Minafon Health Board Managed Practice, including some joint roles and flexibility with staffing. However, it has recently been recognised that there may be other opportunities available to the Health Board to continue to provide General Medical Services to the registered population.

In line with the Health Board approved process on 16 September 2025 at a meeting of the Primary Care Contract Review Group (PCCRG) it was agreed that the Vacant Practice Panel (VPP) should convene to consider the full range of options ahead of a recommendation to the Board.

The Vacant Practice Panel (VPP) met on 31 October 2025, and this paper summarises the work to assess the available options and the VPP Recommendation on how General Medical Services should be provided to the registered population of Meddygfa'r Sarn from 1 April 2026.

**Cefndir / Background**

In line with the extant guidance (Welsh Health Circular (2006) 063 General Medical Services Practice Vacancies – A Guide to Good Practice, and in lieu of there being no other extant national guidance around the management of Health Board Managed Practices, it was agreed at PCCRG on 16 September 2025 that in order to consider the options for

sustainable service provision for the patients registered at Meddygfa'r Sarn, a Vacant Practice Panel should be constituted. The VPP met on 31 October 2025 to consider the following options:

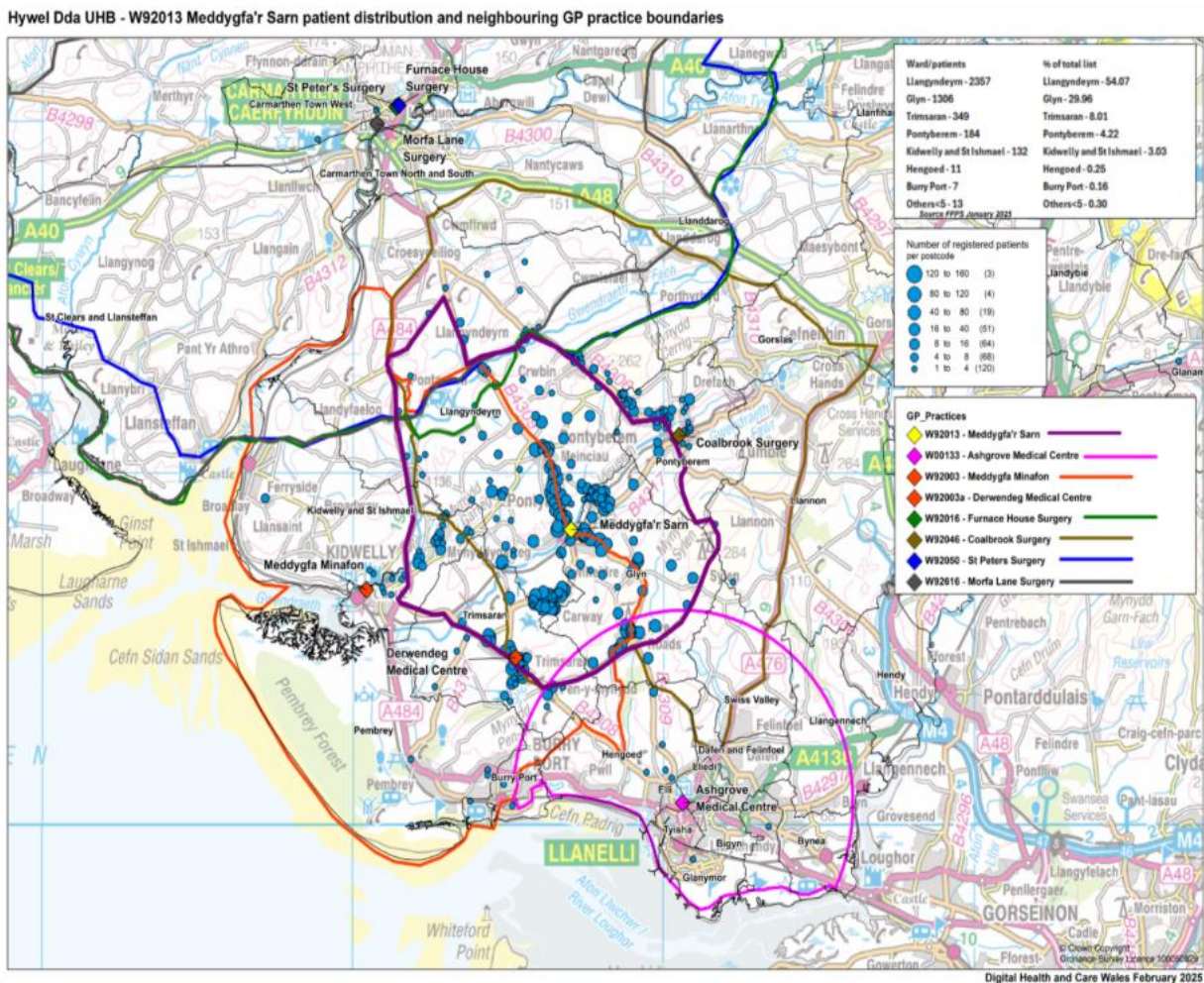
- Maintaining as a standalone Managed Practice, while further developing links with Meddygfa Minafon
- A merger with Meddygfa Minafon, noting the need to consider the configuration of multiple Practice site,
- A managed dispersal of the patient list over neighbouring Practices
- Procurement for a new provider for a GMS or an Alternative Provider Medical Services (APMS) Contract for the Practice

The Panel was convened in line with the Health Board approved process for Vacant Practice Panels, which was approved by the Board in November 2024. The Terms of Reference had been subject to an annual review by the Primary Care Contract Review Group in September 2025, with no changes made.

### Demographics

Meddygfa'r Sarn sits within the Amman Gwendraeth Cluster and is one of eight Practices over fourteen sites in the Cluster, including Branch Surgeries, and operates from a single premises in the village of Pontyates. The premises is owned by the retired GP Partners.

Figure 1 Map of Meddygfa'r Sarn practice area and patient distribution



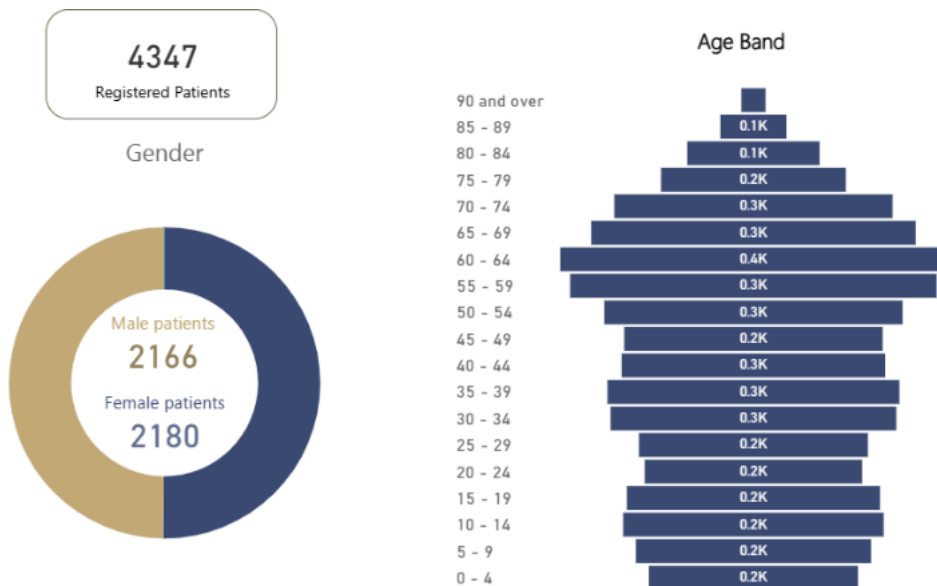
Meddygfa'r Sarn is the smallest Practice in the Cluster and the smallest of the six Health Board Managed Practices with a list size of 4,353 patients (July 2025); the Practice list remains stable following an initial decline in patient numbers in 2017. The average (mean) list size in the Amman Gwendraeth Cluster is 6.3k and the average list size in Hywel Dda is 8.5k patients.

The entire Practice area is also covered by a combination of Coalbrook Surgery in Pontyberem (3 miles by car), Meddygfa Minafon (5.5 miles by car) to the west and south, and Ash Grove Surgery in Llanelli to the east (6.6 miles by car).

**Figure 2: Meddygfa'r Sarn list size, 2013 – 2025**



**Figure 3: Meddygfa'r Sarn age and sex demographics**



There are no Care Homes served by the Practice and there are no co-located community staff. Other local services include a Community Pharmacy in Pontyates (Harlow and Knowles) and a Community Pharmacy in Pontyberem (Well).

Public transport locally is limited. A public bus service operates between Llanelli and Carmarthen (number 197) from Pontyates, and the number 195 bus operates between Pontyates and Pontyberem (nine-minute journey, eight buses per day) and eight buses per day to Trimsaran, which is the branch site of Meddygfa Minafon (16 minute journey).

## **Workforce**

The current workforce at Meddygfa'r Sarn includes 1.42 FTE Practice Nurses, 0.33 FTE HCSWs, and a multi-disciplinary team that includes Pharmacist and Pharmacy Technician time, Advanced Nurse Practitioner and Physician Associates, some of whom work across into Meddygfa Minafon.

The administrative team includes 6.14 FTE Receptionists/administrators who are mostly designated to work in Meddygfa'r Sarn. The Practice Manager left at the end of 2025.

The GP Clinical Lead left the Practice in February 2025, however since this time, the Practice has had oversight from the Clinical Director, Primary and Community Services and the Practice actively engages with the joint weekly clinical team meeting with Meddygfa Minafon. The Practice is entirely locum-dependent currently and there has been little interest in recruitment to salaried roles. The recruitment of a GP Clinical Lead to work across both Meddygfa Minafon and Meddygfa'r Sarn for an initial fixed-term period is underway and this may provide a better environment for recruitment going forward.

## **Premises**

The Practice operates from a small single-storey building on Heol Y Meinciau at the bottom of the valley in Pontyates, about 100 metres from the Community Pharmacy, in an area prone to flooding (it is built on a raised platform, and the car parks and surrounding land have flooded previously, leaving the building cut-off with drains flooded and no ingress into the building). The site is within an area identified as a Natural Resources Wales flood zone and this proved to be the case, with recent flooding in Pontyates.

Since 2022, several improvements have been made to the building to comply with Infection Prevention and Control (IP&C) standards including new flooring, new seating in the waiting area, redecoration and upgrades to the rooms. The premises is small for the list size (206.45m<sup>2</sup>) and clinical and non-clinical rooms are fully utilised, which is a constraint to developing services.

The premises is in the ownership of two of the former GP Partners and is occupied by the Health Board under a Tenant's Internal Repairing (TIR) lease, which expired in 2020 but has been extended to 1 October 2026. The rent is £23,100 per annum.

There are three GP consulting rooms, which typically operate with two GPs and one Physicians Associate/Advanced Nurse Practitioner/Physiotherapist. There is one nurse treatment room, two smaller clinical rooms, an office for the Pharmacy team, the Managers' office, Reception area, two back offices and a waiting area. There is one patient WC, one staff WC, a boiler room and a small kitchenette. Space is a constant challenge and limitation.

A Health and Safety assessment undertaken by a Health Board Health and Safety Advisor in March 2025 identified several issues including exposed pipework, a lack of storage, inadequate electrical points, leading to reliance on extension leads, and missing downpipes and lack of emergency lighting to the exterior. Importantly, this assessment echoed previous reports in identifying the lack of a staff room or break area. Using space in the nearby Miners' Hall for staff at breaks has been explored; however, the staff have not been keen to pursue this. Currently, the Manager vacates their office for an hour at lunchtime to allow staff to use this space, whilst they work in the open plan area.

There is parking to the front (patients) and rear (staff).

A Fire Risk Assessment from November 2024 identified the need for a new exterior storage compound, upgrades in the fire doors, lack of signage, and non-compliant locks at one exit.

## IT

Meddygfa'r Sarn underwent the clinical system migration from Vision to EMIS in October 2024 and is scheduled to go-live with the Electronic Prescription Service (EPS) in July 2026. All six of the Managed Practices are now operating EMIS and the degree of sharing of templates and guidelines has increased.

## Finance

Meddygfa'r Sarn runs at a total cost of £1.013m (2024-25 data). Projections for 2025-26 are at £1.078m. A detailed breakdown of the costs is outlined below.

The total projected pay-related expenditure stands at £1.011m, with £492.8k (49%) projected in Locum GP sessions and no expenditure is forecasted for salaried GP costs. Additional pay costs include £312k (31%) for Admin and Clerical staff, £83k (8%) for Pharmacy, and £73k (7%) for Registered Nurses.

	<b>2025-26</b>		<b>%</b>
G.P.Sessions / Staff Fund	£	492,820	49%
Salaried GPs	£	-	0%
Admin & Clerical	£	312,519	31%
Pharmacy	£	83,834	8%
Registered Nurse	£	73,370	7%
Physician	£	32,351	3%
Physiotherapist	£	16,171	2%
<b>Total Pay</b>	<b>£</b>	<b>1,011,066</b>	

Additionally, the breakdown of non-pay costs is outlined as follows: premises related expenses including rent, rates, and utilities account for the majority, totalling £51.5k and representing 77% of the overall non-pay expenditure. Office-related costs, covering items such as computers, telephones, and stationery, amount to £6,284, comprising 9% of the total.

	<b>2025-26</b>		<b>%</b>
Premise Costs (Rent / Rates / Utilities)	£	51,546	77%
Office Costs (Computers/ Telephone / Stationary)	£	6,284	9%
Medical Costs ( Drugs / Lab Cost)	£	4,530	7%
Staff Costs (Uniforms / Recruitment / Travel)	£	4,386	7%
Other Costs	£	3,248	5%
Search Fees Income	-£	2,879	-4%
<b>Total Non Pay</b>	<b>£</b>	<b>67,115</b>	

## Services and Performance

Meddygfa'r Sarn provides GMS core services to mirror the Unified Contract, plus is signed up to deliver a range of Supplementary Services to its population (Figure 4).

**Figure 4 Table of Supplementary Services, Sarn**

Services provided by Meddygfa'r Sarn	
Core services	Care for those who are or believe themselves to be unwell
	Health Promotion
	Chronic Disease Management
	Cervical screening
	Maternity services
	Contraceptive services
	Child health services (vaccinations and screening)
	Minor surgery (cryo, cautery, curettage)
	Quality Improvement Framework - Access and 3 x QI projects
	Chronic Kidney Disease
	Cardiovascular Disease outcomes
Continuity of Care	
Enhanced and Supplementary Services (Care Closer to Home)	Monitoring
	Anti-coagulation medications
	NOAC/NOAF/DOAC/DOAR
	Near Patient Testing
	Administering
	Gonadorelins (hormone therapy for prostate disease)
	Long Acting Reversible Contraception
	Osteoporosis treatment
	Other
	Treatment Room - wound care, minor injuries, B12s etc
	Minor Surgery (injections)
Learning Disabilities annual reviews	
Phlebotomy (includes secondary care ie. for hospital appointments)	
Spirometry (lung function test)	
Asylum seekers/refugees	
Immunisations for eligible groups	Flu
	Pneumococcal
	Covid boosters (spring and autumn)
	Pertussis
	HPV (Human Papillomavirus)
	Measles, Meningitis
	Shingles
	RSV (Respiratory Syncytial Virus)
	Rotavirus
	Hepatitis A, Hepatitis B
	Cluster
Jac Lewis Foundation	
Persistent Pain	
Social Prescriber	
Other	First Contact Physio service
	Mind/CAB self-referral
	National screening programmes - breast, bowel, AAA, DRSSW
NHS work	Medicals and reports (some mandatory)

Under the Contract Assurance Framework (CAF) for 2024-25, Meddygfa'r Sarn was assessed as requiring a full visit, primarily based on Clinical Governance Practice Self-Assessment Tool responses regarding a deterioration in assessed scores, HRT prescribing, Methotrexate monitoring, Gabapentin/Pregabalin prescribing, antimicrobial stewardship and a lack of key roles in the governance system. This visit took place in November 2025 and the report is awaited.

Data from the Managed Practices dashboard shared at the Managed Practices Quality, Health and Safety meeting in September 2025 showed the following:

- PADR compliance – 100% (target compliance 85%)
- Compliance with core skills framework - 95.3%
- Sickness (rolling 12m) – 7.1% (target of 6.6%)
- DNA rates – 7.8% (increase on previous years)
- Urgent/Same Day appointments – 31% of available appointments
- Diabetes 8 care processes – 58.4% completed

Sickness amongst the combined Meddygfa Minafon/Sarn management team has been a feature and support to mitigate disruption has been deployed where possible.

The Practice's self-assessed escalation level in the Primary Care Information Portal (PCIP) is stable at Level 2, indicating that while patient demand is high, operationally the Practice is managing on a day-to-day basis.

### **Patient Engagement**

Meddygfa'r Sarn undertook the contractually-required National Patient Experience Survey in February 2025. The Practice's overall rating was 8.02/10 (126 responses). Feedback showed patients were appreciative of the staff and there was a degree of concern about lack of continuity with locum GPs. 74% of respondents felt the wait for appointments was shorter than expected, or about right.

More recently the Practice has started to collate feedback on patient experience through CIVICA. A total of six responses has been received since April 2025 for the same questions as the National Survey which was undertaken in February 2025; the responses were mixed from a very small sample, with one negative response and another left blank, the remaining four provided positive feedback.

### **Asesiad / Assessment**

Members of the Vacant Practice Panel considered all options including the benefits and risks on their own merit:

1. **Standalone Managed Practice:** given the small Practice list size, the substandard premises and the known challenges with recruitment for the Practice (all barriers to sustainability for the Managed Practice in its current form), members felt on balance that the long-term risks for the Practice would not be adequately addressed by continuing to operate as a standalone Managed Practice and this option was not considered to be viable.
2. **Merger with Meddygfa Minafon:** this option was felt to be potentially viable by the Panel however it was noted that more work would be necessary to understand the scenarios for the three premises of Meddygfa Minafon, Derwendeg Surgery (Branch Surgery to Minafon in Trimsaran) and Meddygfa'r Sarn and how these would integrate, as operating over so many sites would not be desirable. The Panel also felt that this option would create a much larger Practice at circa 13k patients, significantly above the average for the Health Board or Cluster, and that this could be problematic, recognising the workforce and premises challenges. It was observed that significant investment would be required in the Meddygfa Minafon premises and the agreement of the recent change in landlord secured.
3. **Managed list dispersal:** this option was the preferred option considered by the Panel and would see the managed dispersal of the entire patient list on the established basis of geographical distance between the individual patient postcodes and the next nearest GP Practice (Independent Contractor or Managed Practice). There have been strong indications given to the Health Board by Coalbrook Surgery in Pontyberem that they are proactively interested in growing their list sizes to future-proof their own sustainability, with the additional of new Partners to the Practice and a workforce plan for GP recruitment in place. Whilst this option would mean considering Transfer of Undertakings (Protection of Employment) (TUPE) of some eligible existing staff, crucially it would reduce the current risk around workforce and premises. However, patients would be required to travel to another Practice (3 miles by car from Meddygfa'r Sarn to Coalbrook Surgery) as Coalbrook Surgery wish to remain a single site Practice to limit their future sustainability risks. The Panel felt this option represented greater stability and sustainability for the Cluster in the long-term and that the interest shown by

Coalbrook Surgery was positive, making this a robust option. The Panel also observed the geographical distribution of patients in the direction of Pontyberem (Figure 1) and acknowledged that those patients living closer to Kidwelly or Llanelli would be transferred to Meddygfa Minafon or Ash Grove Surgery, both of which are Health Board Managed Practices. Modelling of the patient numbers for managed list dispersal is shown below:

**Figure 5 Modelling of patient number for managed dispersal (Option 3)**

Dispersal Practice	Current list size	Approx number of patients from Sarn dispersed	% increase in list size
Coalbrook Surgery, Pontyberem (Independent Contractor)	5001	2962	60%
Minafon HB managed practice, Kidwelly	8570	960	11%
Ash Grove HB managed practice, Llanelli	8077	317	4%
Other outlying practices (various, all Independent Contractors)	various	81	Various (<2%)

4. Procurement of GMS or APMS provider through an open process in accordance with the Provider Selection Regime (PSR) Regulations 2025; the Panel felt this option would not address the challenge of the existing premises and could be highly disruptive for patients and staff and ran the risk of resulting in no successful bid. This option would generate uncertainty and could be complex in terms of the process.

There was broad agreement among Panel members that managed dispersal of the patient list (Option 3) was the most viable and sustainable option for the registered population and the wider Cluster, and therefore this was the recommendation that would be put forward to Board for consideration.

The Panel underlined the necessity for appropriate staff, stakeholder and public engagement on this option. Llais have previously worked with the Health Board in developing an engagement plan that can be used to support this process and were members of the Vacant Practice Panel.

The proposed engagement period will run for seven weeks, from Monday 9 February to Sunday 29 March 2026, accounting for the school half term. During this time, we will engage with patients, staff and key stakeholders to understand the impact of the proposed change to services and potential mitigations that the Health Board can put in place. Members of the local community will be able to engage with us by attending one of our public drop-in events and sharing their views in person. Patients of Meddygfa'r Sarn will also be invited to complete a survey, which will be available both online and in paper format. A Communications and Engagement Plan is being developed to support this activity and will be finalised should the recommendation of the VPP be endorsed.

The Health Board has sought clarification from Welsh Government on whether the scope of the new Provider Selection Regime (PSR) Regulations includes a managed dispersal, as this is untested nationally; and further advice is awaited.

## Argymhelliad / Recommendation

The Board is requested to **APPROVE** the recommendation from the Vacant Practice Panel on 31 October 2025 that a managed dispersal of the Meddygfa'r Sarn patient list take place on 30 June 2026 (Option 3), subject to public engagement on this option.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1451 Sustainability of GP Practices 1852 Non-compliant premises (Managed Practices)
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 8. Transform our communities through collaboration with people, communities and partners

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Vacant Practice Panel

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	N/A
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	N/A
<b>Gweithlu:</b> <b>Workforce:</b>	N/A
<b>Risg:</b> <b>Risk:</b>	N/A
<b>Cyfreithiol:</b> <b>Legal:</b>	N/A
<b>Enw Da:</b> <b>Reputational:</b>	N/A
<b>Gyfrinachedd:</b> <b>Privacy:</b>	N/A
<b>Cydraddoldeb:</b> <b>Equality:</b>	N/A

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Llais West Wales  
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**Sent via Email: [philip.kloer@wales.nhs.uk](mailto:philip.kloer@wales.nhs.uk)**

Date: 28 January 2026  
Ref: RER-251017-2436

Dear Professor Kloer,

**Re: Meddygfa Sarn – proposal for Public Board**

Having reviewed the paper due to be presented at Public Board tomorrow and spoken to you today, Llais would now like to identify its' position in relation to the proposal regarding Meddygfa Sarn. This proposal asks the Board to approve the recommendation from the Vacant Practice Panel, to disperse patients from Meddygfa Sarn to other practices within the GP cluster. This proposal also refers to a subsequent period of public engagement:

1. The communities affected would expect that any public engagement about their health service will bring people together as part of a two-way conversation where each party listens, has the opportunity to contribute and learn, allowing for effective collaboration and participation.
2. There have been no conversations between the Health Board and the public or community representatives about the challenges being faced in the running of Meddygfa Sarn. We have heard from people who have spoken positively about the care they have received there, and this closure proposal

Prif Weithredwr/Chief Executive: **Alyson Thomas**

Cyfarwyddwr Rhanbarthol (Llais Gorllewin Cymru)/ Regional Director (Llais West Wales):

**Donna Coleman**

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Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

has been met with significant shock. Many people in the area will have been registered at the practice for the whole of their lives, and an enforced change is not something that they will have anticipated.

3. There has not been any opportunity for the community to hear directly from the Health Board about the findings of the Vacant Practice Panel. It indicates that decisions have been reached about a service that impacts on over four thousand people without any of them having any input or being given a clear rationale for the proposed decision. Any case for change needs to be laid out to the public, by the Health Board, as the initial step in any decision-making process.
4. In October 2025, at the Vacant Practice Panel, where Llais attended as observers with speaking rights, we identified that it was important for the public to have their opportunity to contribute to any future plans. This has not happened and in our view, it would be inappropriate for the Board to take a decision that hasn't been informed by the views of the public.

In light of this we think that a decision by the Board as proposed in the paper would be premature, ill-considered, and inconsistent with its' duties and responsibilities as set out in the Guidance for Engagement and Consultation on changes to Health Services (2022). The public deserve far more consideration and involvement in decisions about the future of their GP Surgery. The Health Board must work with the people of Meddygfa Sarn before making any decisions about the future provision of GP services within the Pontyates community.

Llais is keen to be involved in further discussions on the way forward for this crucial matter.

Many thanks



**Donna Coleman**  
**Regional Director (Llais West Wales)**

Prif Weithredwr | Chief Executive: **Alyson Thomas**

Cyfarwyddwr Rhanbarthol (Llais Gorllewin Cymru)/Regional Director (Llais West Wales):

**Donna Coleman**

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