

Evidence Submission to the Senedd Petitions Committee

Re: Proposed Closure of Meddygfa'r Sarn Surgery

Consultation by Hywel Dda University Health Board (Closing 6 April 2026)

1. Introduction

We submit this evidence as a newly formed community working group. We have had only a few weeks to gather documentation and analyse the available material. This submission therefore represents early-stage evidence and we anticipate providing a full report at the end of the Hywel Dda public engagement period.

This submission concerns the proposal by Hywel Dda University Health Board (HDUHB) to close Meddygfa'r Sarn Surgery, which currently serves approximately 4,300 patients (4,347 registered patients as confirmed in the January 2026 Board Paper, Figure 3).

We respectfully request that the Petitions Committee examine:

- The impact of the proposed closure on a rural and vulnerable population;
 - The adequacy, fairness and openness of the consultation process;
 - Whether closure is genuinely a last resort after alternatives have been explored;
 - The implications for democratic accountability and public confidence.
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2. Background and Community Context

Meddygfa'r Sarn serves a rural population characterised by:

- Limited and infrequent public transport;
- High reliance on private vehicles for essential services;
- Pockets of deprivation;
- An ageing patient demographic.

The Welsh Index of Multiple Deprivation (WIMD 2019 & 2025) shows that access to services is consistently the worst scoring domain across all local LSOAs within the area.

Access to primary care in rural Wales is not a matter of convenience — it is a determinant of health equality.

3. Demographic Profile and Age Characteristics

The Health Board's own report (January 2026 Board Paper, Figure 3) confirms that Meddygfa'r Sarn serves 4,347 registered patients.

The age distribution demonstrates a significant proportion of patients within older age bands, particularly:

- 60–64
- 65–69
- 70–74
- 75–79
- 80+

The demographic profile is not weighted toward younger working-age adults but reflects a substantial older population cohort.

Older patients are statistically more likely to:

- Live with chronic conditions;
- Require more frequent GP contact;
- Experience mobility limitations;
- Be reliant on public transport or family support.

In this context, the removal of a locally accessible GP practice would disproportionately affect those with the greatest clinical need and the least travel flexibility.

Any decision to disperse the patient list should therefore include a clear, published assessment of the impact on older residents and those with age-related mobility or health challenges.

4. Strategic Planning and Population Growth

The Carmarthenshire Local Development Plan (2018–2033) provides for approximately 9,704 new homes, 550 within our area, over a 15-year period. Development is concentrated in key growth areas, with Service Centres identified to ensure sustainable communities.

Within the catchment of Meddygfa'r Sarn, designated Service Centres include:

- Pontyates/Meincau
- Trimsaran
- Pontyberem

The period 2018–2033 broadly overlaps with the period during which Meddygfa'r Sarn experienced instability under Health Board management.

While housing delivery has progressed — including development at Ffos Las and other sites — there has not been corresponding visible investment in primary care infrastructure. Over the Plan period some 550 new houses could be built without any increase in GP provision, with up to 93 new homes in Pontyates alone.

The issue extends beyond a single village and must be assessed across the wider catchment area.

The County Council has fulfilled its statutory duty to allocate sufficient land for housing. However, healthcare infrastructure planning must align with that growth. Withdrawing a GP surgery from a designated Service Centre during a period of population increase appears inconsistent with sustainable development principles.

Public bodies in Wales are subject to the Well-being of Future Generations (Wales) Act 2015. Decisions should support cohesive communities, prevention and long-term resilience. Closure risks undermining those objectives.

5. Impact on Vulnerable Patients and Transport Barriers

Redistribution of 4,300 patients to neighbouring practices would result in:

- Longer journey times;

- Increased missed appointments;
- Reduced preventative engagement;
- Deterioration in chronic condition management.

Bus services can be up to two hours apart, with last return journeys typically around 5:00–5:30pm.

Example journeys (from the existing surgery):

- Ashgrove – uphill walk, 30-minute bus, further 11-minute walk;
- Pontyberem (Coalbrook Road) – 38-minute bus, two buses for patients on the 197 route, plus walking;
- Minafon (Kidwelly) – multi-stage journey, approximately 3-hour round trip minimum.

The 08:00 call-back system is incompatible with these transport constraints.

For elderly, disabled, low-income patients or carers with children, these journeys are not merely inconvenient — they are often impracticable.

6. Pressure on Neighbouring Practices

The proposed redistribution of approximately 4,300 patients raises significant capacity and quality considerations.

The Health Board report acknowledges that Meddygfa'r Sarn is the smallest practice in the Cluster. However, it does not provide detailed comparative analysis demonstrating that neighbouring practices have confirmed workforce capacity, estate space, and governance resilience to absorb substantial additional demand without impacting access standards.

Recent inspection findings at neighbouring practices have identified governance, safeguarding, storage and workforce challenges. Four-week waits for face-to-face GP appointments have also been reported in the Cluster.

In this context, transferring a large patient cohort into already stretched environments risks compounding existing operational pressures.

It is notable that the merger option with Meddygfa Minafon was considered potentially viable by the Vacant Practice Panel but discounted due to concerns about configuration across multiple sites and required investment.

This suggests that continuation of services at Pontyates as part of a reconfigured cluster model was not inherently unworkable, but would require appropriate planning and resource alignment.

Closure and dispersal should not be regarded as the only sustainable outcome where alternative stabilisation or satellite arrangements could preserve local access while addressing workforce and estate challenges in a phased manner.

7. Workforce Recruitment and Locum Dependency

The Board report states that Meddygfa'r Sarn is "entirely locum-dependent" and that this presents a sustainability concern. It further notes that 49% of projected pay expenditure relates to locum GP sessions.

While reliance on locum GPs is clearly not ideal as a long-term model, it is important to consider this in the wider workforce context. Locum use is widespread across Wales due to national GP recruitment pressures.

The report does not provide:

- Comparative data on locum usage across other practices in the Amman Gwendraeth Cluster;
- Evidence that Meddygfa'r Sarn's locum reliance is materially higher than neighbouring practices;
- Analysis of whether temporary locum reliance could be stabilised through active recruitment or partnership models.

Following publicity about closure, four GPs contacted the community expressing interest. One has formally written to the Health Board considering to take on the practice as a partnership.

It is unclear why substantive GP roles have not been visibly advertised over the past year.

During engagement regarding the proposed closure of Meddygfa'r Sarn, one GP advised that they had expressed a willingness to support the practice. They stated "I volunteered to go there as part of my current role but the health board seem set in closing in". The GP further commented on the current staffing position, noting, "They are actually well staffed on 'permanent' locums, I am lead to believe and haven't advertised for permanent staff".

In the absence of comparative workforce data and transparent recruitment evidence, it is difficult to conclude that locum dependency alone justifies permanent dispersal of 4,300 patients.

8. Estates, Maintenance and Building Viability

Inspection reports in 2017 and 2018 identified maintenance and governance issues while the practice was under Health Board management. The 2018 follow-up noted repeated contact with the Health Board estates department, with many matters outstanding.

Landlord Position and Lease

We have engaged directly with the landlords.

They have informed us that:

- Certain issues cited in inspection reports were not formally raised with them;
- They would have been willing to rectify such matters if notified;
- Rent has not been increased for ten years;
- Lease expiry is not a barrier — they are willing to extend or renew without rent increase;
- They own adjacent land and would consider expansion proposals.

Under the lease, some maintenance responsibilities fall to the Health Board. Issues within its control appear not to have been resolved.

Flood Risk Clarification

While mapping by Natural Resources Wales identifies medium river flood risk in the wider area, the surgery itself has never flooded. It was purpose-built on a raised plinth specifically to mitigate flood risk.

Historic Functionality

The building operated effectively for many years prior to Health Board management. Having reviewed building plans and historical operation, it is difficult to conclude that the premises are inherently unsuitable.

The more plausible explanation is either under-utilisation of space or deficiencies in estate and operational management.

Closure appears disproportionate to remediable estate issues.

9. Managed List Dispersal and Pre-Consultation Recommendation

The Vacant Practice Panel report (October 2025) indicates that the preferred option was “managed list dispersal” of the Meddygfa’r Sarn patient list, with a proposed implementation date of 30 June 2026.

The report states:

“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...”

This wording suggests that Coalbrook Surgery approached the Health Board expressing interest in increasing its patient list to secure its own sustainability. We have been unofficially told that this formed a significant part of the rationale for recommending dispersal.

It is unclear whether all neighbouring practices potentially affected by redistribution were formally consulted prior to the recommendation.

The report refers specifically to “strong indications” from Coalbrook Surgery but does not provide equivalent documentation evidencing feedback or structured consultation with other practices.

A managed dispersal of 4,300 patients would have material operational, workforce, governance and estate implications for multiple practices. It is difficult to understand how a recommendation could properly be formed without documented consultation with all affected providers.

We have also been informed that Coalbrook Surgery is not yet operationally ready to absorb additional patients, with building works still required before expansion can take place.

Patients of Meddygfa'r Sarn were not consulted prior to this recommendation being advanced.

A specific implementation date appears to have been identified prior to completion of public consultation.

Once patients are transferred to an independent contractor practice, they are no longer part of a Health Board-managed service. While oversight mechanisms exist, operational responsibility shifts to the contractor. This alters the governance relationship between patient and Health Board.

10. Internal Audit Findings and Strategic Context

An Internal Audit report (Managed Practices Final Report 2025/26) provided only “Reasonable” overall assurance, with “Limited” assurance regarding strategic planning for transitioning managed practices back to commissioned services.

The audit noted:

- The strategic vision for managed practices requires updating;
- It is unclear what the current strategic plans are;
- Risk management and financial oversight arrangements require improvement;
- Budgets are based on historic allocations not aligned to current requirements;
- Incomplete complaints oversight arrangements;
- Inconsistent risk management processes.

The audit also confirmed:

“A recommendation following a Vacant Practice Panel for Meddygfa'r Sarn will be considered by Board in January 2026.”

This indicates that a formal recommendation had progressed through internal governance mechanisms before public engagement commenced.

A major service change affecting over 4,000 patients should sit within a clearly articulated and updated managed practice strategy supported by robust alternatives appraisal.

11. Consultation, Engagement and Process Integrity

Concerns include:

- Internal recommendation progressing prior to public engagement;
- Consultation focusing on redistribution and mitigation rather than alternatives;
- Hywell Dda Survey design; requesting extensive equality data without clear explanation of safeguards; deterring participation. Community feedback indicates that; the approach was perceived as overly intrusive and appeared to focus more on data collection than on understanding the patient's perspective.
- Proposal becoming widely known via social media;
- Landlords reportedly not directly notified prior to publication;
- Possible cessation of blood collection services prior to consultation conclusion (unverified but concerning if accurate).

Correspondence from Llais West Wales (28 January 2026) stated:

- No prior conversations with the community regarding challenges at Meddygfa'r Sarn;
- The public had not been given opportunity to hear directly from the Health Board regarding findings;
- A Board decision at that stage would be premature and inconsistent with engagement duties.

These concerns align with those expressed locally.

12. Statutory Duties under the Well-being of Future Generations (Wales) Act 2015

The Act places statutory duties on public bodies including local health boards to apply five "ways of working":

1. Long-term
2. Prevention
3. Integration

4. Collaboration
5. Involvement

Application to this proposal raises questions regarding:

- Adequate long-term impact assessment;
- Prevention of worsening health inequalities;
- Integration with housing, transport and social care planning;
- Meaningful collaboration with stakeholders;
- Inclusive involvement of affected communities.

Failure to meaningfully demonstrate compliance risks undermining legal robustness.

13. Wider Welsh GP Context

The Wales Save Our Surgeries campaign reports:

- 100 practices closed since 2012;
- GP funding reduced by approximately 2.6% since 2005;
- 48% of GPs report compromised care due to workload;
- 95% feel negatively about the future of Welsh general practice.

This proposal must be viewed within that systemic context.

14. Community Engagement and Public Concern

The proposal has generated:

- Petition signatures submitted to this Committee;
- Public meetings;
- A dedicated Community Working Group and Volunteers group;
- Representations from local councillors who state they have “lost all confidence” in the process and warn that an independently overseen consultation may be required. <https://www.pressreader.com/uk/south-wales-evening-post/20260217/281629606728704>

There is strong local perception that the surgery is essential and viable.

15. Request to the Committee

We respectfully request that the Petitions Committee:

- Seek clarification regarding timing of the internal recommendation;
- Examine whether consultation meets required standards of fairness and openness;
- Assess whether estate and workforce alternatives have been properly explored;
- Consider whether independent review is warranted;
- Ensure rural access, housing growth and inequality impacts are fully assessed before any final decision.

This submission is provided in good faith and reflects the best evidence available at this early stage. We remain willing to provide further documentation as it becomes available.