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# SAVE OUR SURGERIES

## 'If Not Now, When?'

GPC Wales  
July 2024





## Note on the data

GP workforce data featured here is taken from the Welsh Government's *General Practice Workforce* statistical release series. The most recent data available at time of publication of this document is accurate as of 31 December 2023.

[statswales.gov.wales/v/PQa4](https://statswales.gov.wales/v/PQa4)

Patient population data is taken from the Welsh Government's *Patients registered at a GP practice* statistical release series. The most recent data available at time of publication of this document is accurate as of January 2024.

[statswales.gov.wales/v/PQa7](https://statswales.gov.wales/v/PQa7)

GP appointment data is taken from the Welsh Government's *General practice activity* statistical release series.

[statswales.gov.wales/v/PQa8](https://statswales.gov.wales/v/PQa8)

GP workload, wellbeing and morale information is derived from responses to the *BMA Workforce, Workload and Wellbeing survey* which was open from March – April 2024. A total of 375 responses were received although not all respondents answered each question.

# Introduction

**Just one year on** from the launch of the **Save Our Surgeries campaign**, the overall state of general practice in Wales has worsened. The situation facing GP practices is unsustainable and will continue to spiral out of control until Welsh Government takes seriously the concerns raised by GPs and their patients.

This pamphlet comes as a supplementary update to the **Save Our Surgeries campaign** report published in June 2023, providing an update on the data findings from the *GPCW Workload, workforce and wellbeing survey of April 2024*.

## Key calls:

- 1. Commit to funding** general practice properly, restoring the proportion of the NHS Wales budget spent in general practice to the historic level of 8.7% within three years, with an aspiration to increase to nearer 11% in the next five years.
- 2. Invest in the workforce** of general practice to allow the implementation of a national standard for a maximum number of patients that GPs can reasonably deal with during a working day to maintain safe and high-quality service delivery.
- 3. Produce a workforce strategy** to ensure that Wales trains, recruits and retains enough GPs to move toward the OECD average number of GPs per 1000 people. This must feature a renewed focus on retaining existing GPs and tackling the problems driving them out of the profession.
- 4. Address staff wellbeing** by producing a long-term strategy to improve the physical, mental, and emotional well-being of the workforce.

# 2024 – Where are we now?

## Since 2012:

- There are **100 fewer GP practices** in Wales.
- Compared to other doctors, the **total headcount of GPs has only gone up by 2%** while consultant numbers have increased by 34%.
- We have **23% fewer full-time equivalent GPs** who work at our practices.
- There has been a **35% increase in the number of patients** per full time GP. This is likely causing unsafe and unsustainable conditions for GPs and patients.

## What do GPs think about this situation? Several key themes have emerged from our survey of 375 GPs in spring 2024:

### **GPs in Wales continue to have an unsustainably high workload, and it is getting worse.**

This year's survey saw an overall workload rating of 79/100 compared to last year's rating of 76/100. GP partners rated their workload higher even at 83/100

### **Almost all GPs have concerns about their own wellbeing due to their workload.**

An overwhelming **92%** of respondents felt some level of concern for their personal wellbeing due to their routinely high workloads.

### **Patient care may be being compromised and most GPs lack the capacity to meet patient access demands.**

A total of 87% of respondents were concerned that patient care was being compromised occasionally (48%) or routinely (39%) due to heavy workloads.

### **GPs are considering their exit: only half of GP partners intend on being in a GP partnership in three years' time, and only a third of practice salaried GPs intend to continue to work in that capacity.**

It is deeply concerning that only **53%** of GP partner respondents intend on being partners in 3 years' time and only **31%** of salaried GPs working at practices seeing themselves continuing their current work pattern.

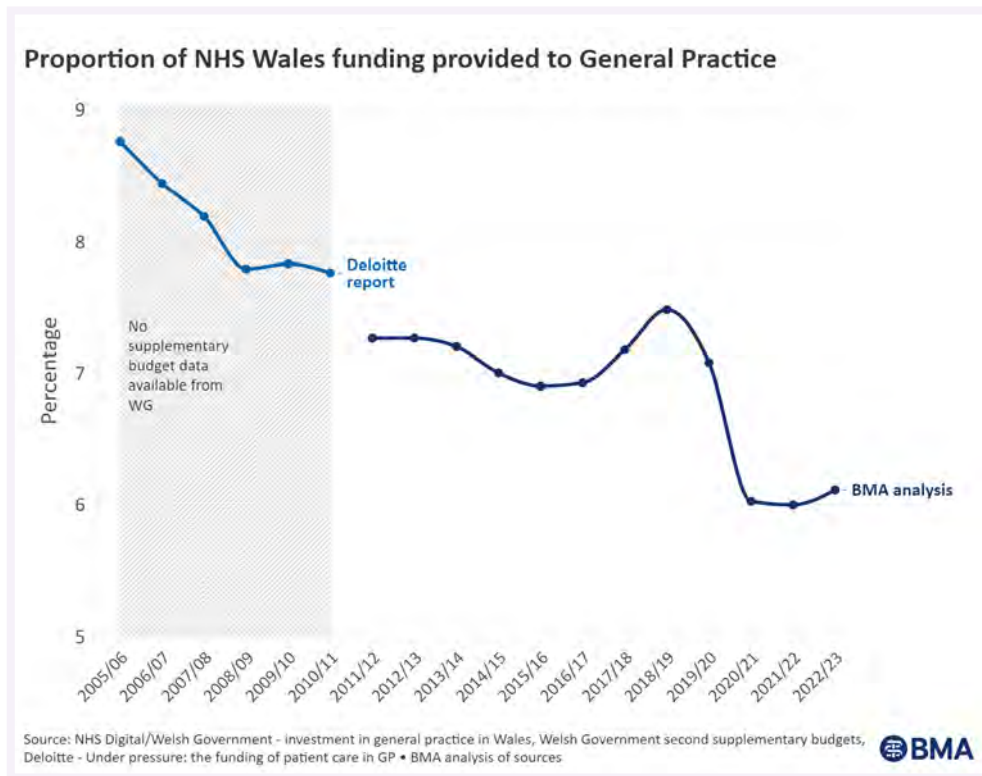
### **Finances and workload are the main sustainability challenges facing practices.**

**60%** of respondents cited they were very worried about workload in terms of sustainability, while over **80%** of respondents either very worried or worried about finances.

### **Morale is extremely low about the future of Welsh general practice and Welsh Government must act soon.**

**95%** of respondents felt negatively about the future of Welsh general practice following the conclusion of the 22/23 contract negotiations.

# Funding



General practice in Wales continues to suffer from chronic underfunding. The absence of adequate financing is the root cause of access issues patients are experiencing.

Our analysis of most recent data suggests that as of 2022/23, only 6.1% of NHS Wales budget is invested directly into General Medical Services (services provided by GPs) and not wider primary care alternatives. In 2005/06, this was at 8.7%. This is likely to have lowered further for 23/24.

General Medical Services (GMS) has proven its ability to be agile, flexible & dynamic, especially when adequately funded and resourced. By prioritising resource restoration directly into GMS, Welsh Government and NHS Wales could resolve a number of issues facing the workforce, patients and wider health system. It would:

- Close the demand capacity Gap
- Improve access for patients
- Provide value for money per patient
- Put new money into the preventive agenda



Currently, a practice is allocated **£117.48** per year<sup>1</sup> per patient, whatever their health needs. That’s less than the cost of a TV license.

To put that in perspective, GPs currently only receive **32p per day** for each patient registered with them. That is less than the cost of an apple. The proportion of NHS Wales funding directed to general practice is far too low.

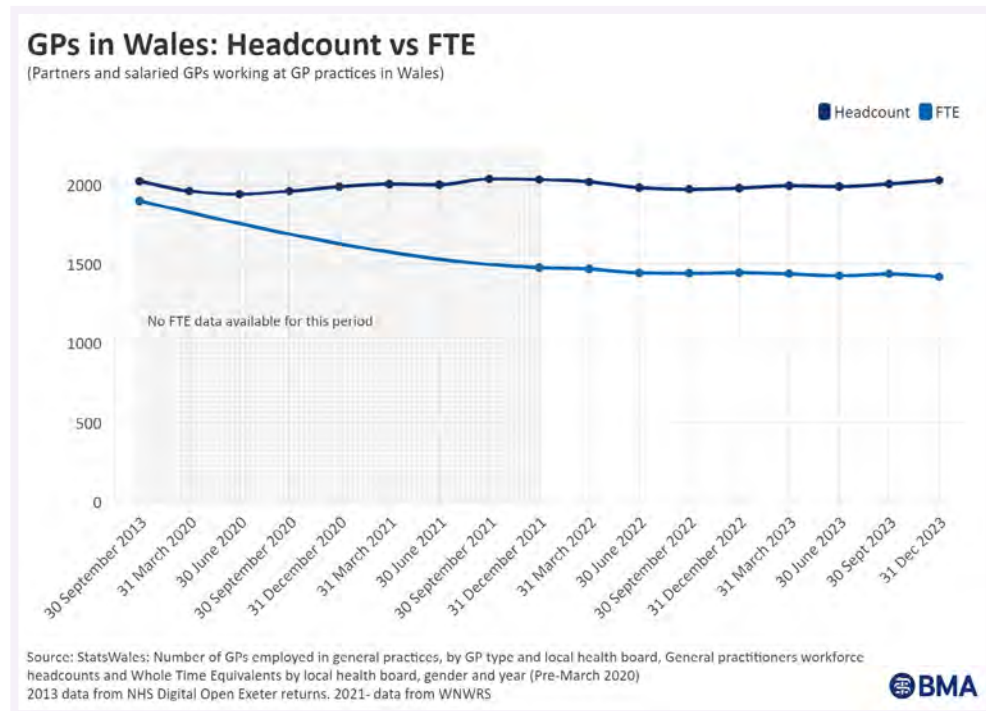


<sup>1</sup> Global sum figure per weighted patient for 2023/24

## Workforce

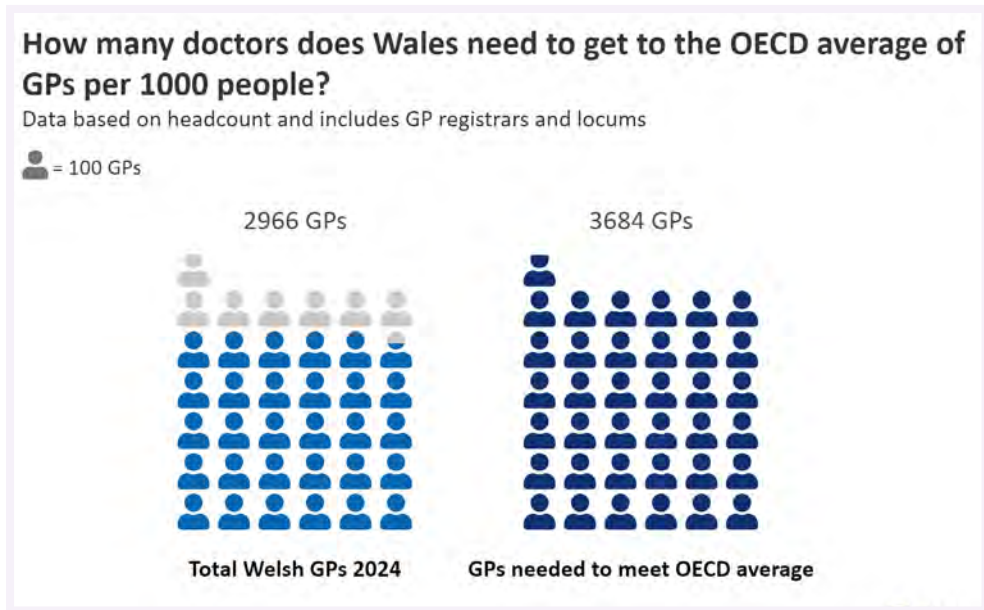
The number of full time GPs continues to decline – many have no choice but to reduce their commitment in practice in the face of unrelenting workload and inadequate investment:

- 25% fewer full time equivalent GPs since 2013
- 2% fewer full time equivalent GPs since we launched the Save Our Surgeries campaign in 2023.



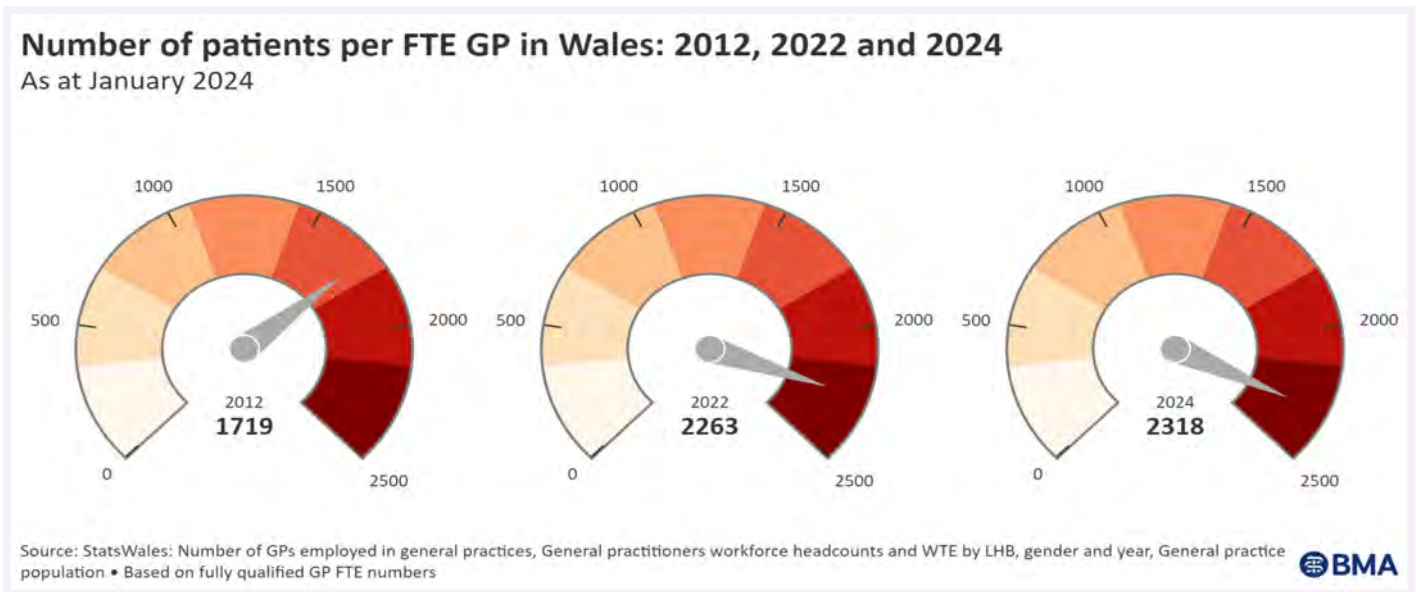
Concerningly, there is no relief on the horizon. GP registrars in Wales told us in a recent survey that only 40% saw themselves continuing to work as a GP in the UK after qualifying, with 26% intending to work abroad.

Action is needed to stabilise general practice to ensure we can retain the next generation and get value for money from investment in training.



As of January 2024, Wales needs 718 extra GPs, an additional 54 since spring 2023, to match the average number of GPs per 1000 population in other European countries.

Despite this decline in numbers, every GP is seeing a higher number of patients each. The below charts illustrate the situation since 2012, where we have seen a 35% increase in the number of patients per full time GP.



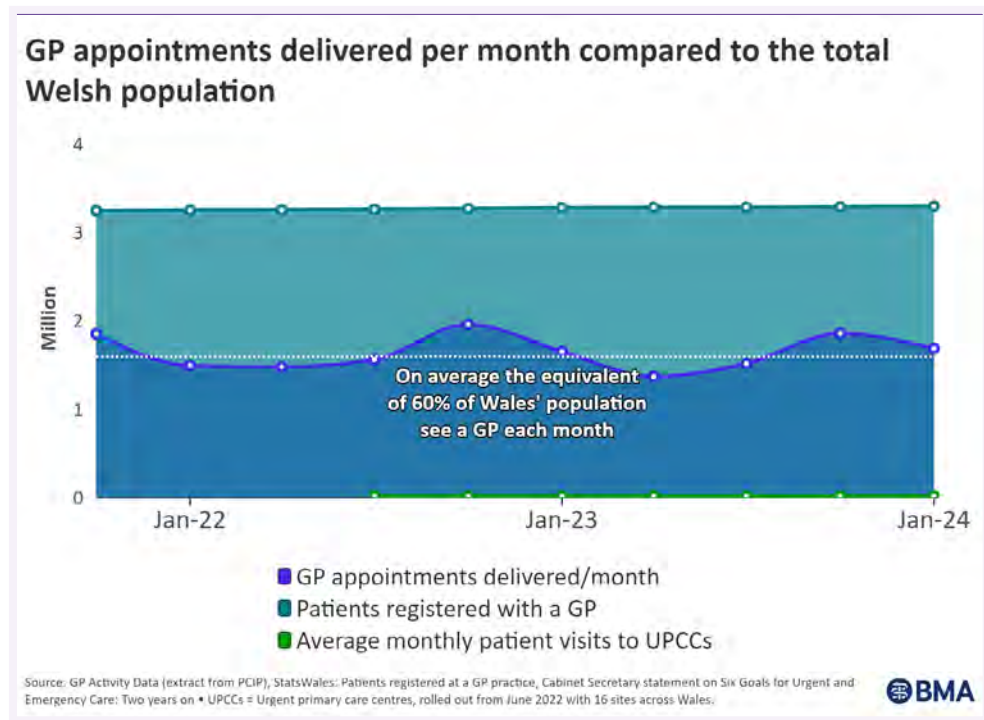
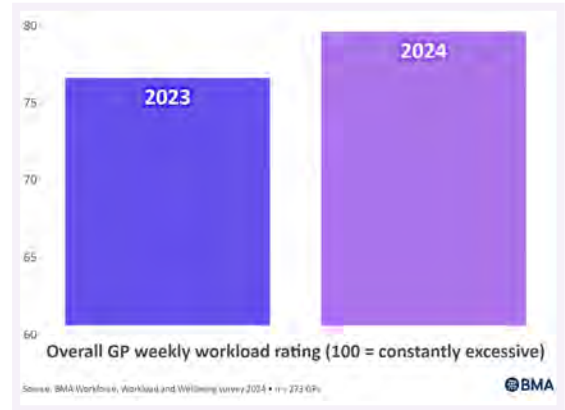


# Workload

GP workloads continue to increase year on year. On average, GPs rate their weekly workload at 79 out of 100 -where 100 represents 'constantly excessive'.

Even with this heavy workload, the demand and capacity gap grows and is widened by a longstanding lack of funding and resources within general practice.

This chart shows the number of GP appointments per month relative to the Welsh population, and the average number of appointments in the much-heralded Urgent Primary Care Centres (UPCCs):

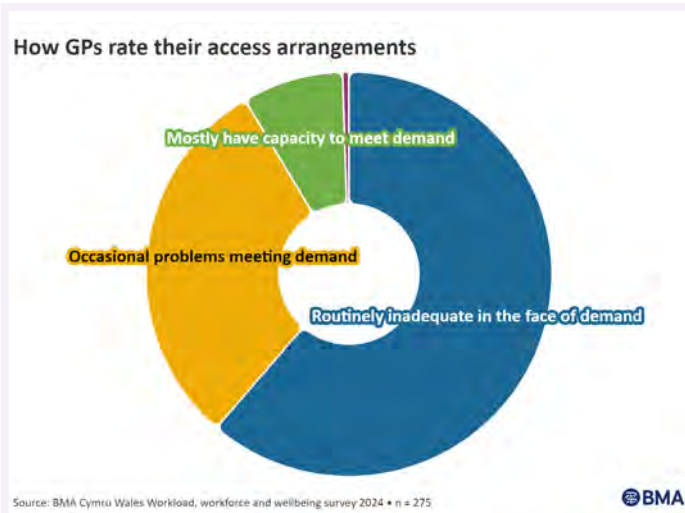


On average, GPs in Wales deliver over **1.6m** appointments per month. This is the equivalent of the entire Welsh population receiving an appointment every 2 months.

Demand for GPs is even higher: on top of **29m telephone calls** there are **6m digital queries** and requests to practices each year.

Despite delivering the huge volume of appointments, GPs have told us they are not satisfied with the access they can provide, with 91% saying their arrangements were inadequate to meet patient demands.

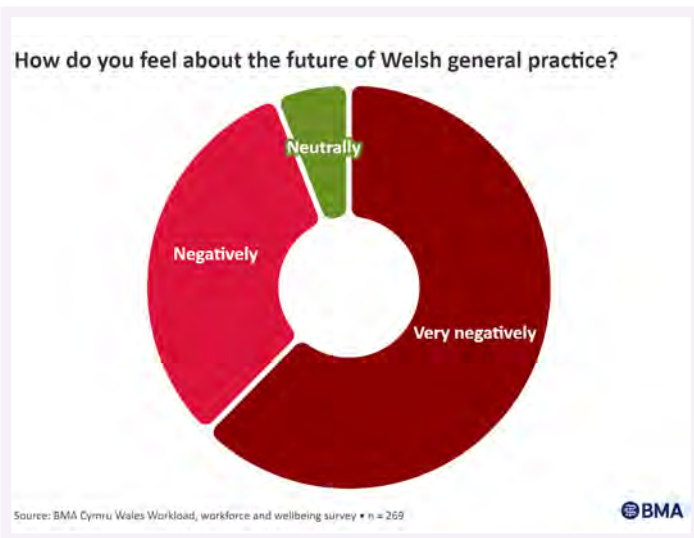
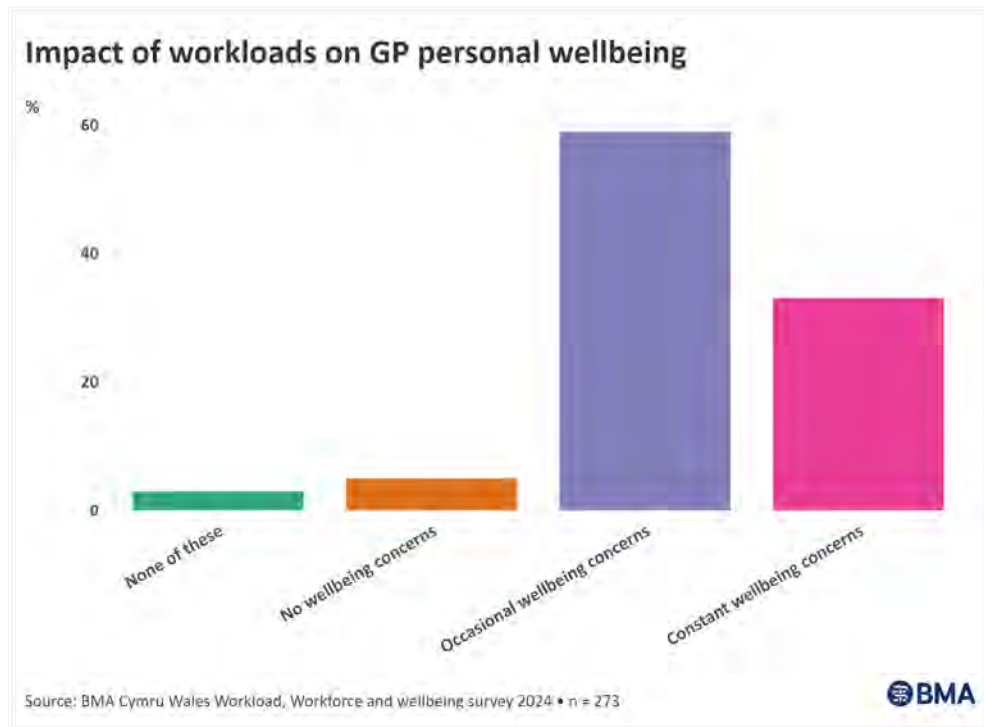
In the face of this demand, 37% of GPs told us they have been forced to reduce services they deliver and shared care arrangements as to cope with their growing workloads.





# Wellbeing

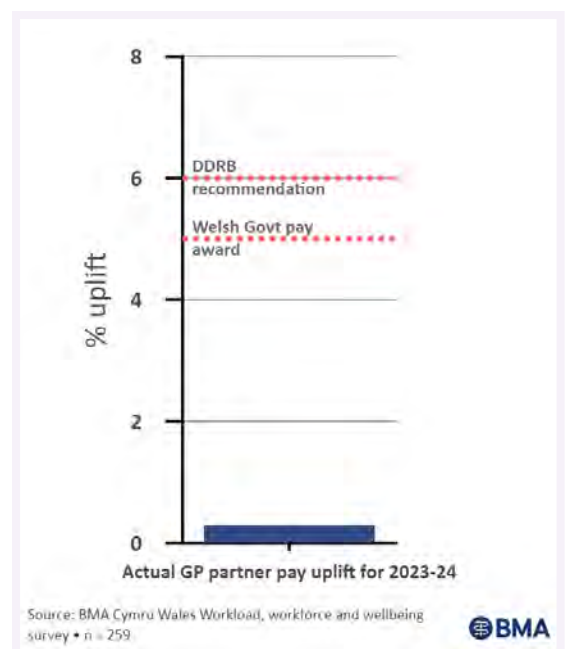
The situation is clearly taking its toll on the GP profession in Wales. 92% of GPs feel concerned about their personal wellbeing due to the immense pressures upon practices.



Morale is at rock bottom. GPs were asked how they felt about the future of general practice in Wales. There were no positive responses.

It is important to recognise the impact of pay on wellbeing. While pay is only one aspect of personal reward, is it any wonder that morale is so low given that the average GP partner took home a 0.3% increase to their pay last year after practice expenses are accounted for— including hardworking practice staff pay.

The pay gap continues to widen between doctors and staff working in primary care and those in secondary care - making general practice an increasingly unattractive proposition - impacting further upon the recruitment and retention of the workforce.



# Reverse the trend. If not now, when?

Despite the latest statistics, general practice continues to be taken for granted by decision makers in Wales.

The public has made its voice clear in early 2024 with over 21,500 signatures on a Senedd petition for fair resourcing of general practice, sending a clear message to Welsh Government: restore the proportion of the NHS budget which has been cut from general practice or else it will collapse.

If the foundation of the NHS continues to crumble, the rest will follow. GPs have told us they are extremely concerned about their own personal wellbeing and the level of care they can provide for their patients.

Wales needs well-resourced and well-funded general practice accessible to all within local communities to support a growing, aging population with everchanging needs.

Welsh Government must act now to protect the bedrock of the NHS so that it can continue its delivery of safe, effective services.

With the correct level of support, general practice in Wales can thrive again, ensuring the family doctor's role in the care of future generations.





## Nodyn ar y data

Mae data gweithlu meddygon teulu a welir yma wedi'u cymryd o gyfres datganiadau ystadegol *Gweithlu Ymarfer Cyffredinol* Llywodraeth Cymru. Mae'r data diweddaraf sydd ar gael ar adeg cyhoeddi'r ddogfen hon yn gywir ar 31 Rhagfyr 2023.

[statscymru.llyw.cymru/v/PQa4](https://statscymru.llyw.cymru/v/PQa4)

Daw data ynghylch y boblogaeth cleifion o gyfres datganiadau ystadegol *Cleifion a gofrestrwyd gyda practis meddyg teulu* Llywodraeth Cymru. Mae'r data diweddaraf sydd ar gael ar adeg cyhoeddi'r ddogfen hon yn gywir ym mis Ionawr 2024.

[statscymru.llyw.cymru/v/PQa7](https://statscymru.llyw.cymru/v/PQa7)

Daw data apwyntiadau meddygon teulu o gyfres datganiadau ystadegol *Gweithgaredd practis cyffredinol* Llywodraeth Cymru.

[statscymru.llyw.cymru/v/PQa8](https://statscymru.llyw.cymru/v/PQa8)

Mae gwybodaeth am lwyth gwaith, lles a morâl meddygon teulu yn deillio o ymatebion i arolwg *Gweithlu, Llwyth Gwaith a Lles* y BMA a oedd ar agor rhwng mis Mawrth a mis Ebrill 2024. Daeth cyfanswm o 375 o ymatebion i law er ni atebodd pob ymatebwr bob cwestiwn.

# Cyflwyniad

Flwyddyn yn unig ers lansio ymgyrch Achub Ein Meddygfeydd, mae sefyllfa gyffredinol meddygaeth deulu yng Nghymru wedi gwaethygu. Mae'r sefyllfa sy'n wynebu practisiau meddygon teulu yn anghynaliadwy, a bydd yn parhau i fynd allan o reolaeth nes bydd Llywodraeth Cymru yn cymryd pryderon meddygon teulu a'u cleifion o ddifrif.

Mae'r pamffled hwn yn ddiweddariad atodol i adroddiad ymgyrch Achub Ein Meddygfeydd a gyhoeddwyd ym mis Mehefin 2023, i roi'r wybodaeth ddiweddaraf am ganfyddiadau data arolwg *Llwyth Gwaith, gweithlu a llesiant GPCW Ebrill 2024*.

## Y prif alwadau:

- 1. Ymrwymo i ariannu** meddygaeth deulu yn iawn, ac adfer cyfran cyllideb GIG Cymru sy'n cael ei gwario ar feddygaeth deulu i'r lefel hanesyddol o 8.7% o fewn tair blynedd, gan anelu at ei chodi'n nes at 11% yn y pum mlynedd nesaf.
- 2. Buddsoddi yng ngweithlu** meddygaeth deulu er mwyn gallu cyflwyno safon genedlaethol ar gyfer y nifer fwyaf o gleifion y gall meddygon teulu eu gweld yn rhesymol mewn diwrnod gwaith i gynnal gwasanaeth diogel a da.
- 3. Llunio strategaeth ar gyfer y gweithlu** i sicrhau bod Cymru'n hyfforddi, yn recriwtio ac yn dal gafael ar ddigon o feddygon teulu i symud tuag at nifer cyfartalog y Sefydliad ar gyfer Cydweithrediad a Datblygiad Economaidd (OECD) o feddygon teulu am bob 1000 o bobl. Mae'n rhaid mynd ati o'r newydd i geisio dal gafael ar y meddygon teulu presennol a mynd i'r afael â'r problemau sy'n gwneud iddyn nhw adael y proffesiwn.
- 4. Mynd i'r afael â llesiant staff** drwy lunio strategaeth hirdymor i wella llesiant corfforol, meddyliol ac emosiynol y gweithlu.

# 2024 – Ble rydym ni nawr?

## Since 2012:

- Ers 2012, mae 100 yn llai o bractisiau meddygon teulu yng Nghymru.
- Ers 2012, o'i gymharu â meddygon eraill, mae nifer y meddygon teulu wedi cynyddu 2% yn unig, tra bod nifer y meddygon ymgynghorol wedi cynyddu 34%.
- Ers 2013, mae gennym 25% yn llai o feddygon teulu cyfwerth ag amser llawn yn gweithio yn ein practisiau.
- Cafwyd cynnydd o 35% yn nifer y cleifion fesul meddyg teulu llawn amser. Mae hyn yn debygol o achosi amodau anniogel ac anghynaliadwy i feddygon teulu a chleifion.

## Beth yw barn meddygon teulu am y sefyllfa hon? Mae nifer o themâu allweddol wedi dod i'r amlwg o'n harolwg o 375 o feddygon teulu yng ngwanwyn 2024:

### **Mae meddygon teulu yng Nghymru yn parhau i wynebu llwyth gwaith sy'n anghynaliadwy o uchel, ac mae hyn yn gwaethygu.**

Roedd yr arolwg eleni wedi gweld sgôr llwyth gwaith cyffredinol o 79/100 o'i gymharu â sgôr o 76/100 y llynedd. Roedd partneriaid meddygaeth deulu yn rhoi sgôr uwch fyth i'w llwyth gwaith, sef 83/100

### **Mae gan bron pob meddyg teulu bryderon am eu llesiant eu hunain oherwydd eu llwyth gwaith.**

Roedd canran enfawr o **92%** o'r ymatebwyr yn teimlo rhywfaint o bryder am eu llesiant personol oherwydd eu llwyth gwaith sy'n gyson uchel.

### **Mae'n bosibl fod gofal cleifion yn cael ei beryglu ac nad oes gan y rhan fwyaf o feddygon teulu y gallu i fodloni'r gofynion o ran mynediad cleifion.**

Roedd cyfanswm o 87% o'r ymatebwyr yn poeni bod gofal cleifion yn cael ei beryglu o bryd i'w gilydd (48%) neu'n rheolaidd (39%) oherwydd llwyth gwaith trwm.

### **Mae meddygon teulu yn ystyried gadael; dim ond hanner y partneriaid meddygon teulu sy'n bwriadu bod mewn partneriaeth meddygon teulu ymhen tair blynedd, a dim ond traean o feddygon teulu cyflogedig sy'n bwriadu parhau i weithio yn y rhinwedd hwnnw.**

Mae'n destun pryder mawr mai dim ond **53%** o'r ymatebwyr sy'n bartneriaid meddygon teulu sy'n bwriadu bod yn bartneriaid ymhen 3 blynedd a dim ond **31%** o feddygon teulu cyflogedig sy'n gweithio mewn practisiau sy'n eu gweld eu hunain yn parhau â'u patrwm gwaith presennol.

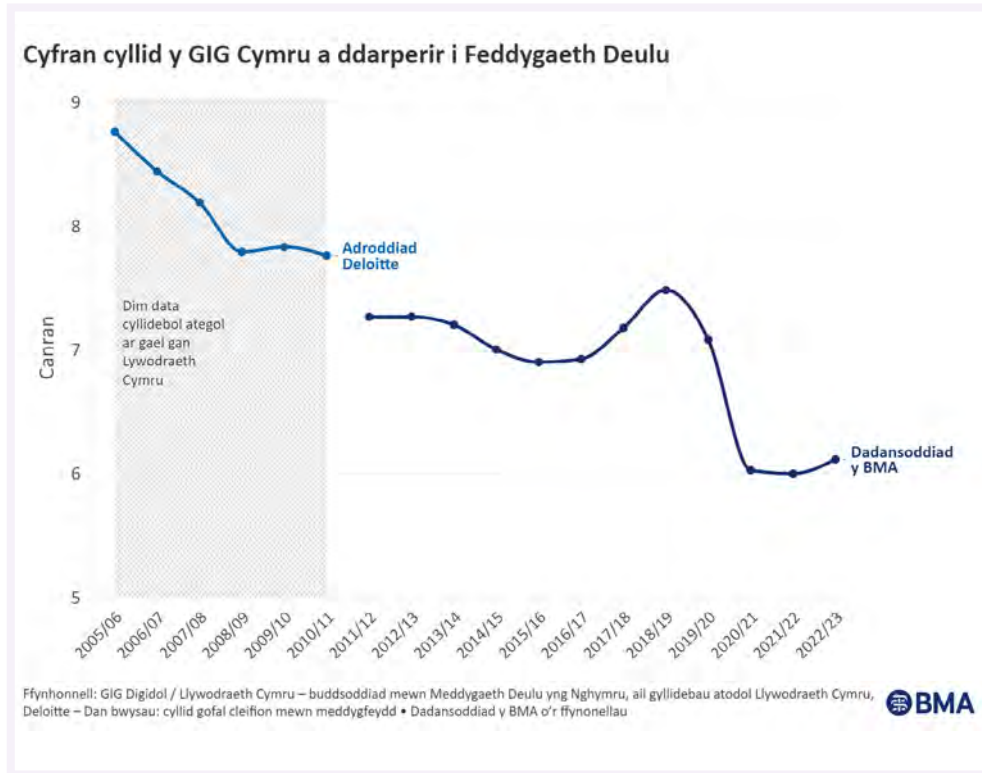
### **Cyllid a llwyth gwaith yw'r prif heriau cynaliadwyedd sy'n wynebu practisiau.**

Dywedodd **60%** o'r ymatebwyr eu bod yn poeni'n fawr am lwyth gwaith o ran cynaliadwyedd, ac roedd dros **80%** o'r ymatebwyr naill ai'n poeni'n fawr neu'n poeni am faterion ariannol.

### **Mae morâl yn eithriadol o isel ynghylch dyfodol meddygaeth deulu yng Nghymru a rhaid i Lywodraeth Cymru weithredu'n fuan.**

Roedd **95%** o'r ymatebwyr yn teimlo'n negyddol am ddyfodol meddygaeth deulu yng Nghymru ar ôl i drafodaethau contractau 22/23 ddod i ben.

# Cyllid



Mae meddygaeth deulu yng Nghymru yn parhau i ddioddef o danariannu cronig. Diffyg cyllid digonol yw gwraidd y problemau mynediad y mae cleifion yn eu profi.

Mae ein dadansoddiad o'r data diweddaraf yn awgrymu mai'r sefyllfa ers 2022/23 yw mai dim ond 6.1% o gyllideb GIG Cymru sy'n cael ei buddsoddi'n uniongyrchol mewn Gwasanaethau Meddygol Cyffredinol (gwasanaethau a ddarperir gan feddygon teulu) ac nid dewisiadau gofal sylfaenol ehangach. Yn 2005/06, roedd hyn yn 8.7%. Mae hyn yn debygol o fod wedi gostwng ymhellach ar gyfer 23/24.

Mae'r Gwasanaethau Meddygol Cyffredinol (GMS) wedi profi ei allu i fod yn ystwyth, hyblyg a deinamig, yn enwedig pan yw'n cael cyllid ac adnoddau digonol. Drwy flaenoriaethu'r gwaith o adfer adnoddau'n uniongyrchol i GMS, gallai Llywodraeth Cymru a GIG Cymru ddatrys nifer o broblemau sy'n wynebu'r gweithlu, cleifion a'r system iechyd ehangach. Byddai'n:

- Cau'r bwlch rhwng y galw a'r capasiti
- Gwella mynediad i gleifion
- Darparu gwerth am arian fesul claf
- Rhoi arian newydd yn yr agenda ataliol



Ar hyn o bryd, mae practis yn cael **£117.48** y flwyddyn<sup>1</sup> am bob claf, beth bynnag fo'i anghenion iechyd. Mae hynny'n llai na chost trwydded deledu.

I roi hynny mewn persbectif, dim ond **32c y dydd** y mae meddygon teulu'n ei gael ar hyn o bryd ar gyfer pob claf sydd wedi cofrestru gyda nhw. Mae hynny'n llai na chost un afal. Mae cyfran y cyllid gan GIG Cymru a gyfeirir at feddygaeth deulu yn rhy isel o lawer.



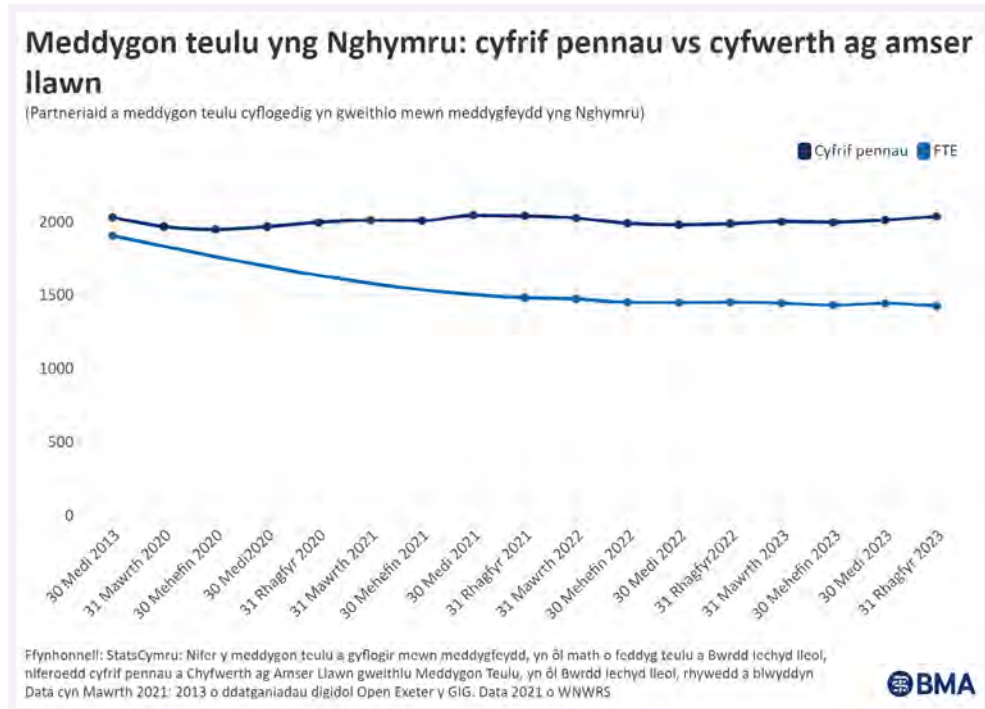
1 Ffigur swm cyffredinol fesul claf wedi'i bwysoli ar gyfer 2023/24



## Y gweithlu

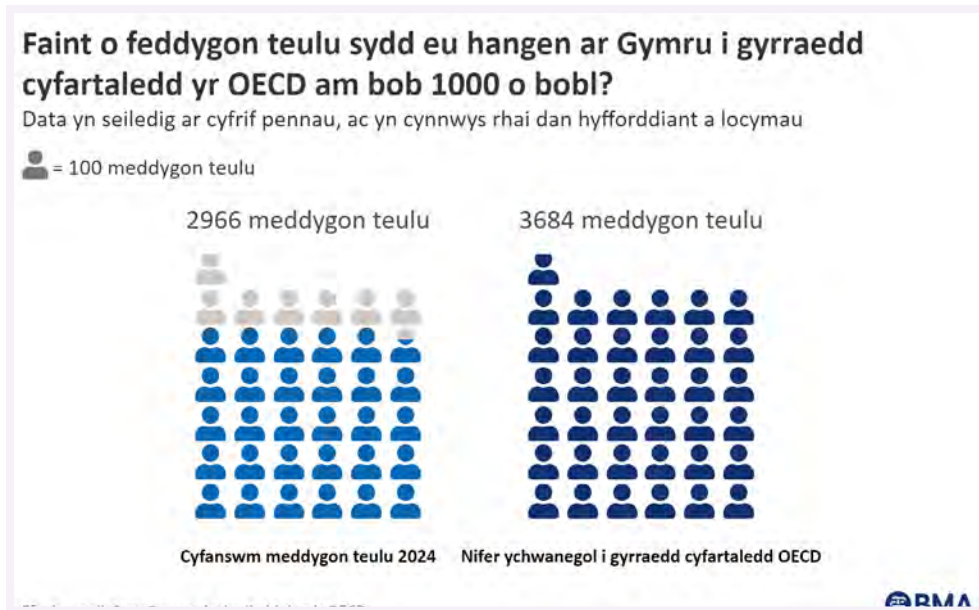
Mae nifer y meddygon teulu llawn amser yn parhau i ostwng – nid oes gan lawer ohonynt ddewis ond lleihau eu hymrwymiad i ymarfer yn wyneb llwyth gwaith didostur a buddsoddiad annigonol:

- 25% yn llai o feddygon teulu cyfwerth ag amser llawn ers 2013
- 2% yn llai o feddygon teulu cyfwerth ag amser llawn ers i ni lansio'r ymgyrch *Achub Ein Meddygfeydd* yn 2023.



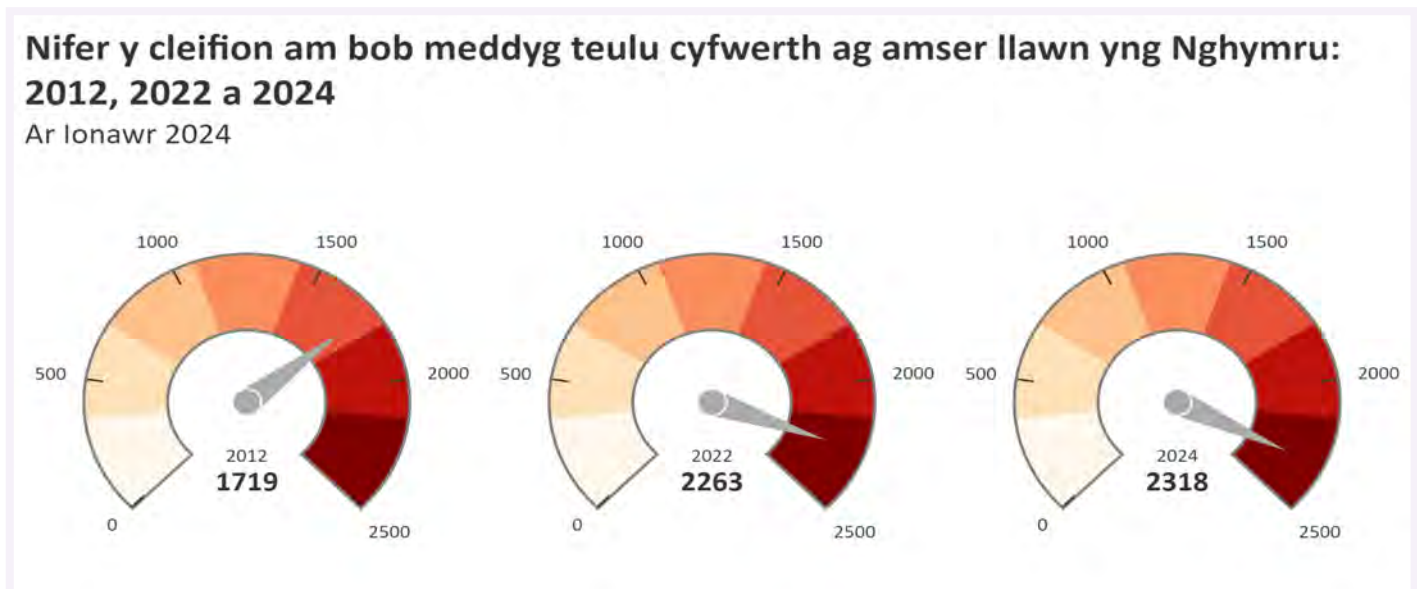
Yn bryderus, nid oes rhyddhad ar y gorwel. Dywedodd meddygon teulu cofrestredig yng Nghymru wrthym mewn arolwg yn ddiweddar mai dim ond 40% oedd yn eu gweld eu hunain yn parhau i weithio fel meddyg teulu yn y DU ar ôl cymhwyso, gyda 26% yn bwriadu gweithio dramor.

Mae angen gweithredu i sefydlogi meddygaeth deulu i sicrhau y gallwn ddal gafael ar y genhedlaeth nesaf a chael gwerth am arian o fuddsoddi mewn hyfforddiant.



Ers Ionawr 2024, mae ar Gymru angen **718 o feddygon teulu ychwanegol, 54 yn ychwanegol ers gwanwyn 2023**, i gyfateb i nifer cyfartalog y meddygon teulu fesul 1000 o'r boblogaeth mewn gwledydd eraill yn Ewrop.

Er gwaethaf y gostyngiad hwn mewn niferoedd, mae pob meddyg teulu yn gweld nifer uwch o gleifion yr un. Mae'r siartiau isod yn dangos y sefyllfa ers 2012, lle rydym wedi gweld cynnydd o 35% yn nifer y cleifion fesul meddyg teulu llawn amser. number of patients per full time GP.

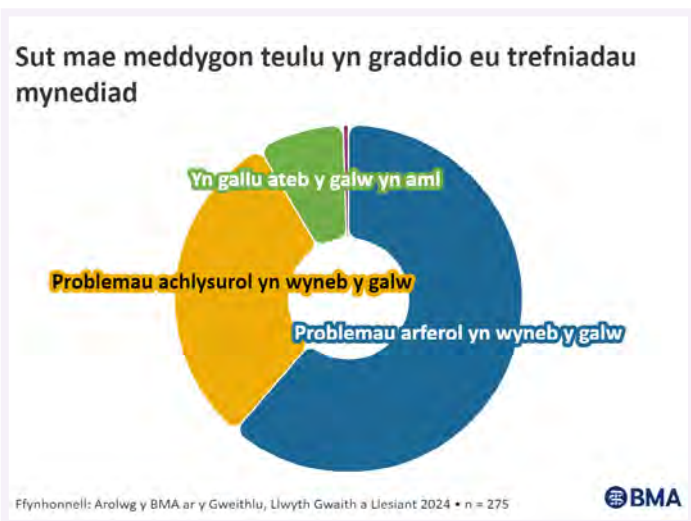
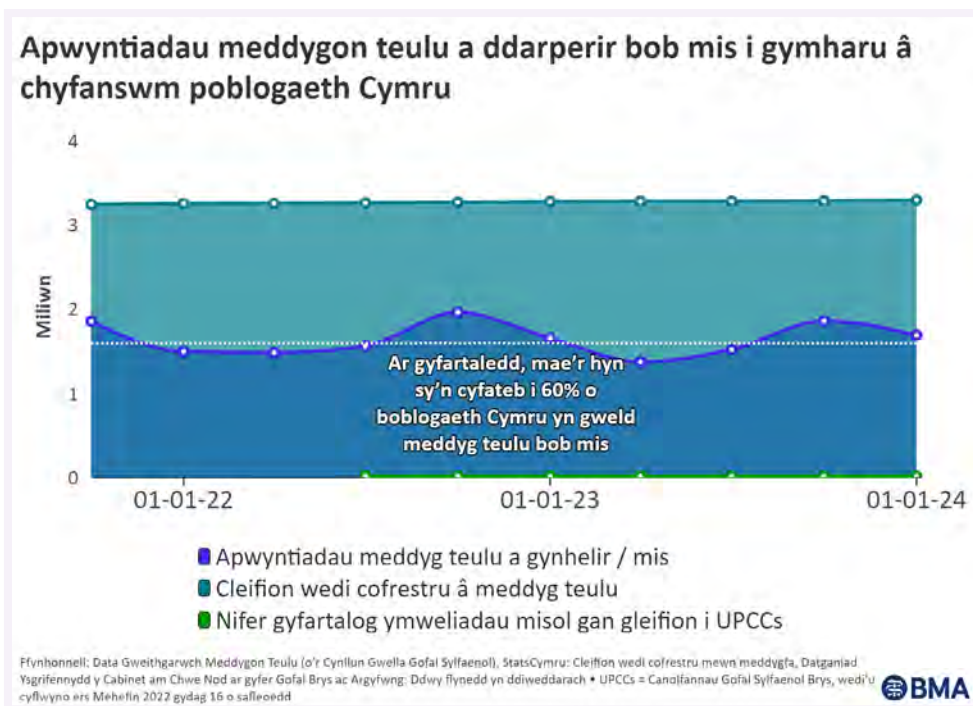
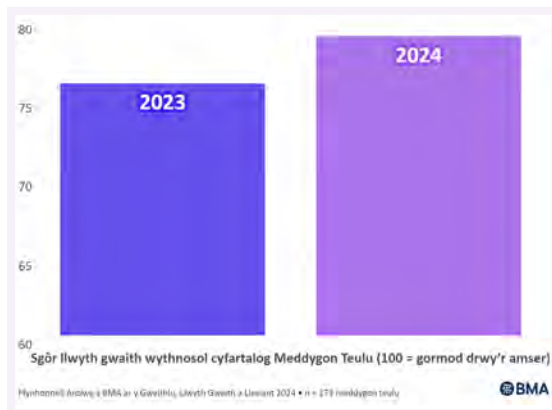


# Llwyth gwaith

Mae llwyth gwaith meddygon teulu yn parhau i gynyddu o un flwyddyn i'r llall. Ar gyfartaledd, mae meddygon teulu'n rhoi sgôr o 79 allan o 100 i'w llwyth gwaith wythnosol – lle mae 100 yn cynrychioli 'gormod drwy'r amser'.

Hyd yn oed gyda'r llwyth gwaith trwm hwn, mae'r bwllch rhwng y galw a'r capasiti yn tyfu ac mae'n cael ei ehangu gan ddiffyg cyllid ac adnoddau mewn meddygaeth deulu ers tro.

Mae'r siart hwn yn dangos nifer yr apwyntiadau meddyg teulu bob mis o'i gymharu â phoblogaeth Cymru, a nifer cyfartalog yr apwyntiadau yn y Canolfannau Gofal Sylfaenol Brys (UPCCs):



Ar gyfartaledd, mae meddygon teulu yng Nghymru yn darparu dros **1.6 miliwn** o apwyntiadau bob mis. Mae hyn yn cyfateb i'r holl boblogaeth yng Nghymru yn cael apwyntiad bob 2 fis.

Mae'r galw am feddygon teulu yn uwch fyth: ar ben y **29 miliwn o alwadau ffôn**, mae **6 miliwn o ymholiadau a cheisiadau digidol** i feddygfeydd bob blwyddyn.

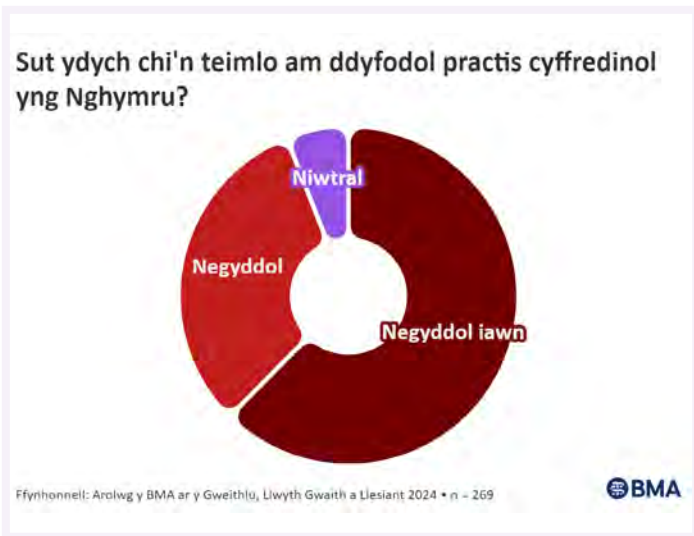
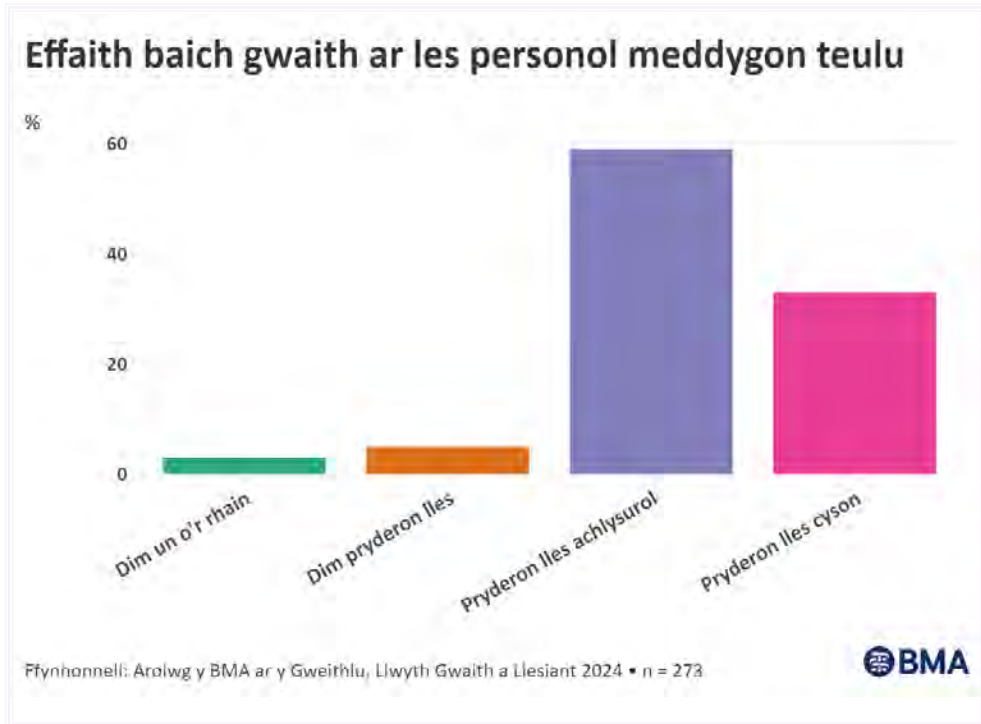
Er eu bod yn darparu'r nifer enfawr o apwyntiadau, mae meddygon teulu wedi dweud wrthym nad ydynt yn fodlon â'r mynediad y gallant ei ddarparu, gyda 91% yn dweud bod eu trefniadau'n annigonol i fodloni gofynion cleifion.

Yn wyneb y galw hwn, dywedodd 37% o feddygon teulu wrthym eu bod wedi cael eu gorfodi i leihau'r

gwasanaethau y maent yn eu darparu ac wedi rhannu trefniadau gofal er mwyn ymdopi â'u llwyth gwaith cynyddol.

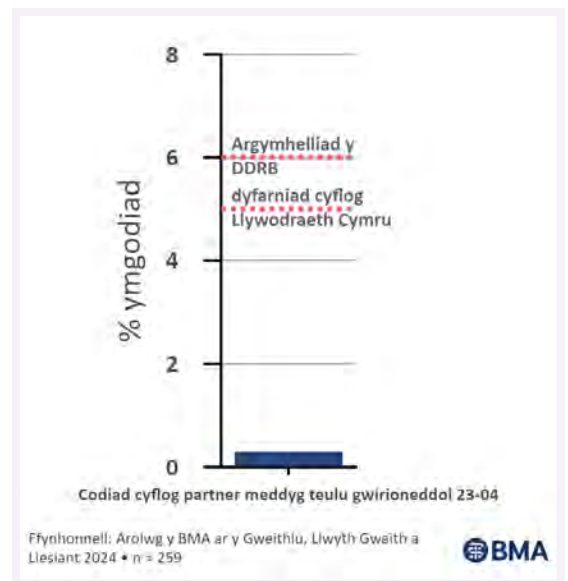
# Llesiant

Mae'n amlwg fod y sefyllfa'n effeithio ar y proffesiwn meddygon teulu yng Nghymru. Mae 92% o feddygon teulu yn poeni am eu llesiant personol oherwydd y pwysau aruthrol ar bractisiau.



Mae'n bwysig cydnabod effaith cyflog ar lesiant. Er mai dim ond un agwedd ar wobr bersonol yw cyflog, a oes ryfedd bod morâl mor isel o ystyried mai 0.3% o gynnydd yn ei gyflog ar ôl didyniadau yr oedd partner cyffredin mewn meddygaeth deulu wedi ei gael y llynedd ar ôl cyfrif am dreuliau practis – gan gynnwys cyflogau i staff gweithgar mewn practisiau.

Mae'r bwch cyflog yn parhau i ehangu rhwng meddygon a staff sy'n gweithio ym maes gofal sylfaenol a'r rhai sy'n gweithio mewn gofal eilaidd – sy'n golygu bod meddygaeth deulu yn mynd yn llai a llai atyniadol – gan effeithio ymhellach ar y gallu i recriwtio a dal gafael ar y gweithlu.



# Gwrthdroi'r duedd. Os nad nawr, pryd?

Er yr ystadegau diweddaraf, mae meddygaeth deulu yn dal i gael ei gymryd yn ganiataol gan y rhai sy'n gwneud penderfyniadau yng Nghymru.

Mae'r cyhoedd wedi gwneud eu llais yn glir ddechrau 2024 gyda dros 21,500 o lofnodion ar ddeiseb i'r Senedd am adnoddau teg ar gyfer meddygaeth deulu, gan anfon neges glir i Lywodraeth Cymru, sef adferwch gyfran cyllideb y GIG sydd wedi cael ei thorri o feddygaeth deulu neu fe fydd yn dymchwel.

Os bydd sylfaen y GIG yn parhau i ddymchwel, bydd y gweddill yn dilyn. Mae meddygon teulu wedi dweud wrthym eu bod yn bryderus iawn am eu llesiant personol eu hunain a lefel y gofal y gallant ei ddarparu i'w cleifion.

Mae ar Gymru angen meddygaeth deulu sy'n cael cyllid ac adnoddau da ac sydd ar gael i bawb mewn cymunedau lleol i gefnogi poblogaeth sy'n heneiddio ac sy'n tyfu ac sydd ag anghenion sy'n newid o hyd.

Rhaid i Lywodraeth Cymru weithredu nawr i ddiogelu sylfaen y GIG er mwyn iddo allu parhau i ddarparu gwasanaethau diogel ac effeithiol.

Gyda'r lefel gywir o gymorth, gall meddygaeth deulu yng Nghymru fod yn llewyrchus eto, gan sicrhau rôl y meddyg teulu wrth ofalu am genedlaethau'r dyfodol.

