Llywodraeth Cymru
Welsh Government

12 April 2017

Dear Colleagues

Revised GP Sustainability Assessment Framework: 2017/18

1. A framework for assessing the sustainability of GP practices has been in place since April 2015. Whilst the sustainability assessment framework has provided for a consistent decision making process, concerns have been expressed by some GP practices about the effectiveness of delivery.

2. The revisions to the sustainability assessment framework streamlines the process to enable a GP practice request for support to be reviewed on a more effective and efficient basis.

3. The revised sustainability assessment framework continues to prioritise the criteria for assessment to include practices at risk of closure within 12 months and/or those at risk of a reduction in the range of services provided through external factors which may impinge on the sustainability of the practice - for example :

- An unavoidably small GP practice may be unable to achieve an economy of scale if its location prevents the expansion of its practice list, and there is no viable option of merging with another GP practice.
- The Carr-Hill formula does not fully meet the funding needs for unavoidably small GP practices.
- The Carr-Hill formula does not compensate multi-site GP practices which have higher fixed costs than single site GP practices. Maintaining branch surgeries involves additional staffing requirements and office costs
- Dispersed and deprived populations have specific management features.
- The challenges of GP recruitment and retention can place significant pressure on GP practices in Wales (and across the UK).

4. Sustainability support for GP practices may involve:

- Short term, intermediate management and workload support for practices through cluster networks or directly to practices through, for example, health board employed health care professionals (who may form part of the health board's Primary Care Support Team); health board employed back office support.
- Short term, intermediate management and workload support for practices through financial support.
- Longer term support consistent with the strategic aims of the primary care plan and health boards' three year strategic plans.

- Health board support to identify potential other income streams the practice can access.

5. Any GP practice support as part of transformational change will need to be consistent with health boards' three year strategic plans and will be exceptional in nature and any practice support is not a replacement for any income loss arising through MPIG redistribution.

6. The revised sustainability assessment framework includes the following changes:

(a) A request for sustainability support will distinguish a request for urgent short term operational support which will not require a Local Assessment Panel decision where the health board is able to take a quick decision, and a request for support which will require a Local Assessment Panel decision.

(b) Where a request for sustainability support requires a Local Assessment Panel decision, the Local Assessment Panel will make an in-principle decision, subject to a financial assessment.

(c) To ensure effective health board support a GP practice is required to provide to the health board a summary of the sustainability actions already undertaken, together with the further sustainability actions demonstrating how the practice will return to being sustainable.

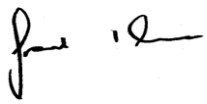
(d) A small number of changes have been made to the risk matrix indicators and supplementary information.

- In relation to the risk matrix new indicators have been introduced to cover demographics (application submitted to close patient list; practice population age spread ; Premises (capacity of premises) ; workforce general; (patients per WTE senior clinician) ; (number of unfilled clinical sessions per week). The workforce indicators have been amended to include General Practitioners; reliance on locums.

- In relation to supplementary information the following changes have been made to Premises (lease terms to include issues / concerns); Workforce (new information for number of consulting hours per / 000 patients); Access to services (new information for any proposed changes for opening hours per site ; clarity on appointment book activity).

7. The revised risk matrix is detailed at **Annex 1**. The supplementary information is detailed in **Annex 2**; the revised sustainability assessment process and flowchart is detailed at **Annex 3**; Local Assessment Panel guidance and the Appeals Process is detailed at **Annex 4**.

Yours sincerely



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Annex 1

Revised Sustainability Framework Risk Matrix (including guidance notes)

The framework involves applying a Red/Amber/Green (RAG) weighted score against the risk matric criteria. The following weighting has been applied:

- High/Red -10
- Medium/Amber – 5
- Low/Green - 1

The outcome of the risk assessment matrix score has been set as follows:

- High risk of unsustainability > or = 80
- Medium risk of unsustainability >55 -79
- Low risk of unsustainability <55

Area	Indicator		Ranking	Info. source
Demographics: STAGE 1	Open/closed list	Open	*Low*	*Health Board*
		Application submitted (formal/informal)	*Medium*	
		Closed	*High*	
	Welsh index of multiple deprivation *(WIMD % of patients living in the two most deprived fifths)*	<10%	*Low*	*Health Board/ PHW*
		10 – 20%	*Medium*	
		>20%	*High*	
	Practice population age spread %	<30% over 65	*Low*	*Health Board/ SSP*
		30% - 50% over 65	*Medium*	
		>50% over 65	*High*	
Premises: STAGE 1	Number of sites/branch surgeries *(To include both open and temporarily closed branch surgeries)*	1 site	*Low*	*Health Board*
		>1 site	*Medium*	
		>3 sites	*High*	
	Condition of premises; *(practices with more than 1 site will be ranked against a judgement of the total estate condition)*	adequate/ new or approved funding	*Low*	*Health Board*
		Poor, but working towards improving	*Medium*	
		Poor quality	*High*	
	Capacity of premises	Adequate for current needs only	*Low*	*Health Board*
		Inadequate to accommodate current service needs	*High*	
Workforce – General Practitioner STAGE 1	Partnership/singlehanded	Partnership	Low	*Health Board*
		Singlehanded	High	
	Patient 000's per WTE GP (WTE assumed as 8 sessions)	< or = to 2000	*Low*	*Health Board*
		>2000	*Medium*	
		>2500	*High*	
	Age profile *(individual GP ages will be used to give an overall rank for age*	*< 50 years*	*Low*	*Practice*
		50 -55 years	*Medium*	
		>55 years	*High*	

	profile. To include all substantive GPs including principals and salaried posts.			
	Current vacancies Linked to % of WTE	*<10%*	*Low*	*Practice*
		10 – 20%	*Medium*	
		>20%	*High*	
	Length of vacancies *(To be based on the longest vacancy for either a principal or a salaried GP)*	*< 6 months*	*Low*	*Practice*
		6 months	*Medium*	
		>6 months	*High*	
	Reliance on locums *(sessions per average week)*	*<3 sessions*	*Low*	*Practice*
		3 – 5 sessions	*Medium*	
		>5 sessions	*High*	
Workforce General STAGE 1	Patient 000's per WTE senior clinician(GP, Advanced Practitioner, Pharmacist etc)			*Practice*
	No: of unfilled clinical sessions per week	*0*	*Low*	*Practice*
		<3	*Medium*	
		>3	*High*	
Income Streams STAGE 1	Income loss arising after MPIG redistribution (as a % of GSE).	*<10%*	*Low*	*Health Board*
		10% - 15%	*Medium*	
		>15%	*High*	
Access to services STAGE 1	Opening hours (per site) - recent changes *(Relating to a reduction in hours only)*	*No*	*Low*	*Practice*
		Yes	*High*	

Annex 2

Sustainability Framework: Supplementary Information

		Information source
Demographics: STAGE 2	➢ Practice List Size (as at beginning of latest ¼)	*SSP*
Premises: STAGE 2	➢ Sites: Owned/rented ➢ Notional Rent/Cost Rent Scheme ➢ Branch Surgery closure request ➢ Lease terms to include issues/concerns	*Health Board*
Workforce: **STAGE 2**	**GPs**	
	➢ Number of partners – principals /salaried ➢ Anticipated vacancies <12 months, 12-24 months ➢ Throughput of GPs in previous 2 calendar years ➢ Access/availability of locums ➢ Training practice/ Retainer Practice	*Practice*
	Practice Nurses:	
	➢ WTE Practice Nurses per WTE GP ➢ Number of Advanced Nurse Practitioners per WTE GP ➢ Number of Health Care Support Workers per WTE GP ➢ Current vacancies ➢ Anticipated vacancies: <12 months, 12-24 months	*Practice*
	Other staff:	
	➢ Prescribing Pharmacist ➢ Business Manager/ Experience of Business Manager ➢ Other vacancies	*Practice*
	➢ Clinical skill mix ➢ Total number of consulting hours provided per 000 patients	*Practice*
Local Service provision: **STAGE 2**	➢ List size profile – Registration ons/ offs and net effect	*SSP*
	➢ Access to other local services eg: Specialist Nurses ➢ Integration of community teams (location/communication) ➢ Distance to District General Hospital ➢ Size/ spread of practice area/ population split across area	*Practice*
	➢ Location of neighbouring practices and characteristics ➢ Rural/urban cluster profile classification	*Health Board/ PHW*
Income streams: STAGE 2	➢ Total GMS income/GMS income per patient ➢ Other NHS income e.g. community hospital SLAs, dispensing, prescribing incentive scheme	*Health Board/SSP*
	➢ Practice full accounts (previous 2 years) ➢ Cash flow forecasts ➢ Private income	*Practice*
Access to services: STAGE 2	➢ Opening hours (per site) proposed changes ➢ Summary of appointment book activity (sessions across all Health Care Professionals for the previous two quarters) ➢ Booking Systems and DNAs (MHOL/text messaging/ triage) ➢ Provision of services/clinical sessions offered ➢ Enhanced service participation – recent/planned changes	*Practice*

Clinical Governance: STAGE 2	➢ CGPSAT results ➢ No: of complaints ➢ No: of GP appraisals outside of expected MARS appraisal ➢ Childhood Immunisation Rates: <90, 90 – 94, >95 ➢ AWMSG Prescribing indicators: - top 25% / middle two/ bottom 25% quartile, including cost per PU ➢ PPV error rates	*Health Board/SSP/ PHW*
Other: STAGE 1	➢ Sustainability actions taken by the practice to date ➢ Sustainability actions the practice wish to progress/indication of the support required to enable your practice to maintain its sustainability ➢ Cluster engagement ➢ Additional known changes within the next 12 months	*Practice*

Annex 3

Process for assessing the evidence for practice support

1. Any GP practice requesting sustainability support will need to complete the risk matrix.

2. Practice information will need to be submitted in a staged process. In total there are 2 stages. (Each element of information required is linked to the appropriate stage on the framework documentation)

STAGE 1

3. - The practice as a minimum will be required to submit
   a) a Practice/Health Board agreed completed matrix;
   b) a summary of sustainability actions taken by the practice to date,
   c) the sustainability actions the practice wish to progress to demonstrate how they will return to being sustainable

   Practices need to be explicit in detailing what they require to become sustainable.

4. Based upon a), b) and c) above the health board will need to decide whether the request for sustainability support is a request for
   - urgent short term operational support
     and/ or
   - support to address longer term sustainability.

5. Where the request is for urgent short term operational support, the health board will decide on whether support is appropriate within 15 working days of receiving the information as detailed in point 2.

6. Where the request is for support to address longer term sustainability a Health Board Local Assessment Panel will need to be convened within 20 working days of receiving the information as detailed in point 2.

   The Local Assessment Panel will make an in-principle decision, subject to a financial assessment.

   The in-principle decision will be made on an evidence based assessment approach taking into consideration the cost of the health board directly managing the practice.

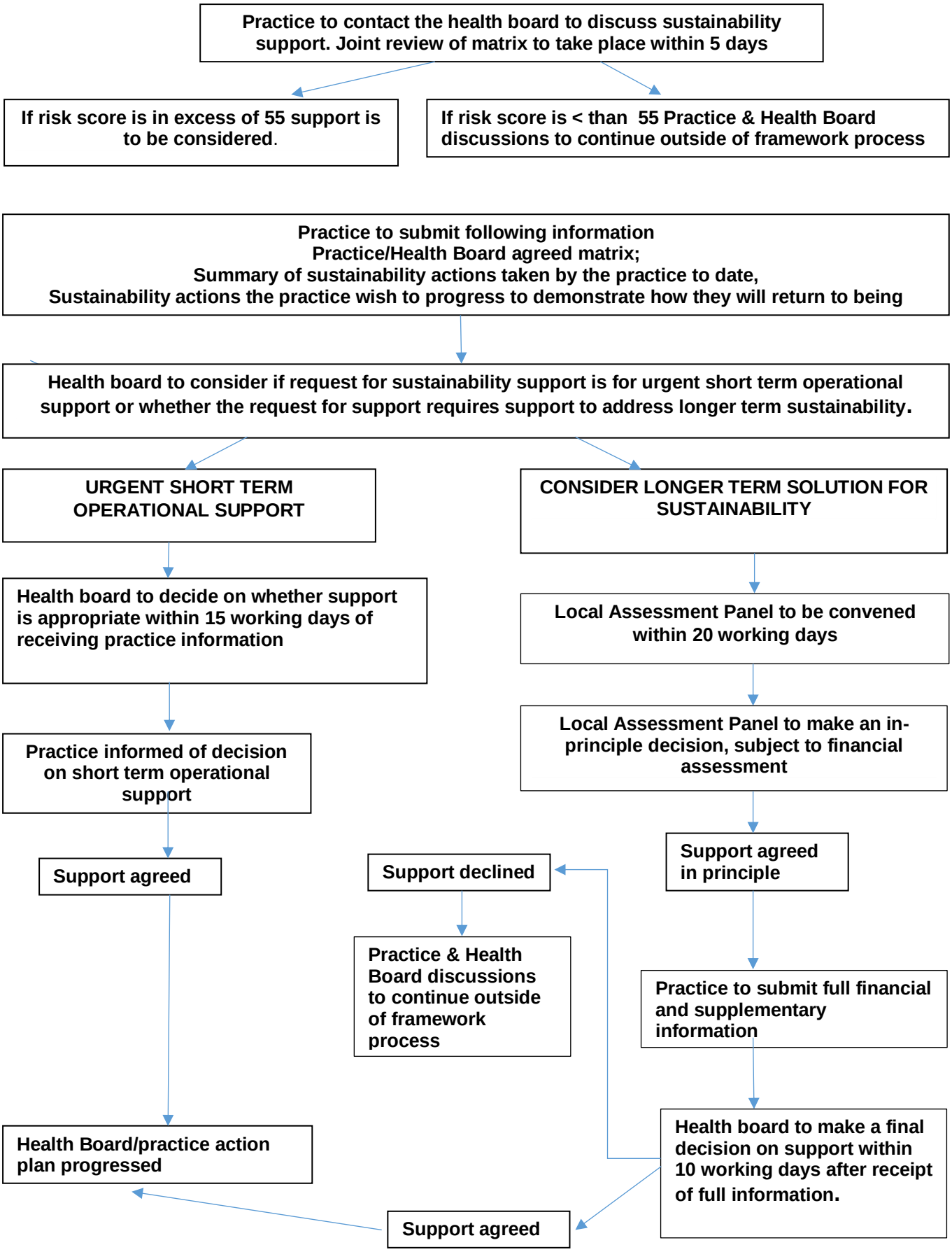
STAGE 2

7. If the Panel agree to support the practice, the practice will be expected to provide the necessary information to health boards and the Local Assessment Panel to evidence their case for support, including information on income streams and expenditure and an explanation of the change of circumstances which have led to their current situation.

8. Upon receipt of receiving the full financial information and supplementary information, the health board will aim to make a final decision on support within 10 working days.

9. If the panel agree not to support the practice, the practice will have a right of appeal to a decision made by the Local Assessment Panel, via the Appeals Panel process.

Sustainability Assessment Process



Annex 4

Local Assessment Panel Guidance

The role and responsibility of the Local Assessment Panel shall be to:

- Consider all requests from GP practices for any support in accordance with an agreed evidence based assessment.

- Consider and take a decision on the case for any practice support within 6 weeks of receipt of a completed GP practice application for assessment.

- Notify the practice on the decision for any practice support.

Membership of the Local Assessment Panel

It is possible a high number of requests for support may be made. Given that any support under this initiative will have a focus on practices at significant risk of closure or having to reduce the range of services currently available to patients, it is possible some cases for support may clearly fall outside the assessment framework and that some cases may have common features where support cannot be evidenced. Where a high number of requests for support has been made, and where a number of cases for support clearly fall outside the assessment framework, these cases may be grouped together for consideration. It will be for the LHB and the LMC to agree on the grouping of cases for consideration.

Cases for support which clearly do not fall outside the assessment framework will be considered individually by the panel.

Members of the Local Assessment Panel shall be:

- An LHB Associate Medical Director and/or LHB senior member of the primary care team.
- A Local Medical Committee representative.
- A Community Health Council representative, or where a Community Health Council representative is not available another representative agreed between the LHB and the LMC

*The membership of the Panel mirrors broadly the assessment panel membership considering a rejection of a closure notice by the LHB under Section 31(5) of Part 2 of Schedule 6 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 (“the GMS regulations”)

Notification of Local Assessment Panel decisions

The Local Assessment Panel will notify the practice and the LHB of its decision within 6 weeks of receipt of a completed GP practice application for assessment. Details of the support and the detailed action plan will then be agreed between the GP practice and the LHB.

Dispute Resolution

The practice will have a right of appeal against a decision made by the Local Assessment Panel to a Local Assessment Appeal Panel.

Following notification of the Local Assessment Panel decision, the practice must inform the LHB, within a reasonable timescale, in writing if the practice wishes to dispute the decision reached by the Local Assessment Panel.

The practice should outline the reasons why it disputes the decision of the Panel.

The Local Assessment Appeal Panel dealing with a dispute should acknowledge receipt, in writing, of the practice dispute within 7 days. The practice and the LHB will have 28 days in which to present any further evidence / ask for further evidence why it disputes the Local Assessment Panel decision.

A representative of the practice may elect to attend the local assessment appeal panel.

Membership of the Local Assessment Appeal Panel
*Members of the Local Assessment Appeal Panel dealing with a dispute shall be:

- An LHB Associate Medical Director or LHB senior member of the primary care team, who is not party to the contract.
- A Local Medical Committee representative, which does not represent practitioners in the area of the LHB which is a party to the contract.
- A Community Health Council representative other than that of the LHB. which is a party to the contract or where a Community Health Council representative is not available another representative agreed between the LHB and the LMC.

*The membership of the Local Assessment Appeal Panel mirrors broadly the assessment panel membership considering a rejection of a closure notice by the LHB under paragraph 31(5) of Part 2 of Schedule 6 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 (“the GMS regulations”)

The Local Assessment Appeal Panel will aim to resolve the appeal within 6 weeks of all representations being made.

Frequency of meetings and monitoring of outcomes

It is suggested the Local Assessment Panel meets periodically to consider those requests for support where significant risk of closure / having to reduce the range of services currently available to patients was anticipated beyond a 12 month period. The process of monitoring of outcomes will be at the discretion of LHBs.

Annex 5

Rejection of Practice Sustainability Support Appeals Process