

**GPC Wales - Focus On Closed Lists & Changes to
Branch Surgery Access**

BACKGROUND

General Practice in Wales, as in the rest of the UK, is facing unprecedented problems with recruitment and retention on a background of reducing resources and ever increasing workload and demand.

The recently published BMA Wales document on behalf of GPC Wales "**A Prescription for a Healthy Future**" summarises the current issues facing Welsh General Practice with positive advice and suggestions to Welsh Government as to how to overcome these problems.

"**Creating a Healthier Future for Wales**" published by BMA Welsh Council stresses the importance of transparency in service delivery risk and the need for professionals to openly report the issues and take action to respond to these risks.

The difficulties being faced by practices are leading to some having to make significant service and business decisions in order to protect the integrity of their practices.

The inability to exert any control over workload in the current climate will inevitably result in detrimental effects on the health and welfare of Welsh GPs and their employees and they must be supported in considering the options to bring workload back to sustainable levels. If they are not there is a very real risk of further practice closures in Wales and local "domino" effects whereby the viability of neighboring practices and their patient care is jeopardised by closure of a nearby practice

Currently many practices in Wales are struggling to recruit at all and their only options may be considering a degree of service reduction.

At the Welsh Conference of LMC's last year the following motion was passed with particular note to the need for practice representation at panel hearings, which supports the transparency themes in the BMA document;

That conference calls for the Welsh Government to recognise that there is a limit to the safe workload capacity of each practice and so must:

- i) Introduce a robust emergency mechanism for practices to close to new patients when the practice judges that safe capacity has been reached, which can run in parallel with a formal list closure application**
- ii) Accept that that Health and Safety considerations apply to staff as well as patients**
- iii) Indemnify practices if LHB's force them to accept patients beyond a safe capacity**
- iv) Allow practices to know what evidence is submitted to any closure assessment panel**
- v) Allow practices to be represented at the assessment panel hearing**

The purpose of this document is to provide clear, practical guidance and advice for practices considering closing or reducing access at a branch surgery. Also for those requesting that their practice list be closed to ensure ongoing safe provision of safe quality care to their existing patients and unsustainable workload impacts on their staff and practitioners.

Practices should seek advice and support very early from their LMC as there is likely to be resistance from LHB's to these applications and practices will need the support of LMC's and GPC Wales. LMC's will need to be clear with regard to process and regulations referred to in this document.

In considering potential courses of action for service rationalisation or reduction practices may also consider the following;

1) Staffing changes – making staff redundant, reducing hours or not replacing retiring staff. This is not considered further in this document but our “Focus on: Collaborative Working across GP practices” may be of interest to practices. Please email GPC (Wales) at info.gpcwales@bma.org.uk if you would like a copy of this.

2) Reduction or cessation of un-resourced or poorly resourced services that lie outside of essential services. This is not considered further in this document but practices should be mindful of good practice recommendations of giving 3 months notice of ceasing a service(s). The GPC Wales “Focus on: Collaborative Working across GP practices” may be of assistance when considering alternative models to providing services. [‘The BMA Safeguarding patient services, maintaining cost-effectiveness’](#) document published in 2007 illustrates how practices may wish to consider the cost effectiveness of services they are offering;

3) Terminating GMS contract: this is not covered here due to each practice having very different reasons for considering this - the LMC and BMA can give advice to practices who are considering this option where appropriate and practices should also seek individual legal and accountancy advice.

Practical Advice

Consider the following areas within your practice when deciding whether or not you need to close your list OR reduce access at a branch surgery OR shut a branch surgery as the practice needs to make the case clearly how they have reached their decision:

i. Finances:

How will the practice actually save money with branch reduction or closure? Will the practice lose patients and income?

Instead of list closure, is there an opportunity to negotiate with the LHB for staffing support with other services?

Will the Health Board offer organisational support to help with the difficulties being faced (E.g. with back office practice functions)

ii. How will trying to maintain a split site service or increasing list size against workload and financial constraints affect care of current patients?

There will be a responsibility on both the practice and the LHB to prove that all options other than closure have been considered.

iii. Ensure you are clear about the 20 hour rule for Branch reimbursement and contractual responsibility which is mentioned here;

<http://www.wales.nhs.uk/sites3/documents/254/601BranchSurg.pdf>

iv. The main issue of consideration for practices is that only branch premises offering 20 hour or more in access terms will attract reimbursement from the LHB so practices need to be aware of this before they consider reduction or closure. The same process would apply and conversely LHB's themselves may consider whether to continue to support branch access over 20 hours financially if there is a concern re- viability or condition of premises etc.

v. Document what options you have considered in trying to address the problems being faced and the outcomes of those considerations e.g. rejected or implemented and why.

Discuss your individual practice problems at the EARLIEST opportunity with your LMC who will provide you with confidential help and support in line with the rules and regulations

vi. Consider possible impact on neighbouring practices and consider having meeting with them including LMC representation. Could the neighboring practices help in some way?

vii. Document the outcome of these discussions for use in any formal applications to the Health Board to close list / reduce access / shut branch surgery.

viii. Inform the LHB that the practice is having to consider list closure +/- reduced branch access + / - closure of branch surgery for sustainability of serves to patients and to protect the quality of patient care. Request a meeting with the LHB and advise you will be bringing LMC representation.

ix. Consider discussion with CHC and patient groups +/- to explain how and why you have come to this decision (please note the LHB has a duty to ask the CHC for their opinion as well as other stakeholders likely to be affected by these plans).

Please note that whilst it is recommended good practice to consult with the CHC it is the LHB who has a duty to do so.

Include the following in your discussions:

1. What this means for patients
2. How and why you reached this decision?
3. What other options you considered to try and prevent this action
4. What will be the impact if this is not approved / allowed by LHB
5. Document the outcome of these discussions for use in any formal applications to the Health Board to close list / reduce access / shut branch surgery.
6. Consider how to handle publicity and information sharing – your LMC can help advise you on this

How do I request list closure?

- Follow the practical advice guidance in this document
- Consider how long you want your list to be closed for – it should be for at least a minimum of 3/12 and a maximum of 1 year. In extenuating circumstances, this can be extended for a further period of a year subject to the agreement of the LHB

Applications to extend the period of closure needs to be received 8 weeks before the end of the closure period & should follow initial process.

- Outline what actions the practice will implement so that the list can re-open at the end of the closed period conditional on the underlying problem being resolved e.g. if due to inability to recruit, then if the practice cannot recruit then the list will need to remain closed (see separate section for ongoing closure of list)
- The LHB must acknowledge receipt of the application within 7 days
- The LHB may request further information from the practice to enable the application to be considered thoroughly
- The LHB will in all likelihoods request a meeting with the practice to talk through the difficulties including considering what support they can offer and / or discussing what changes can be implemented to enable the list to remain open

****The practice can request that the LMC is involved in these discussions****

- The LHB will consult with those that would be affected by the closure and should provide the practice with a summary of the views expressed.
- The LHB must make a decision within 21 days starting on the date of the receipt of the application (14 days for an extension to the closure) unless otherwise agreed with the practice – that decision is to be notified in writing to the practice as soon as possible.

The decision will be to either:

1) Approve the application; determine the date of closure and date list is to re- open. In this case a closure notice will be issued and the practice must close the list on the date specified and remain closed for the period specified unless otherwise agreed by the LHB.

2) Reject the application in which case;

- The LHB must provide the practice with reasons why it was rejected and this letter will be copied to the LMC.
- The LHB must ensure that an assessment panel is appointed as soon as is practicable to consider and determine whether the practice should be permitted to close its list of patient, and if so, the terms on which it should be permitted to do so. The assessment panel shall consist of: Chief Exec of the LHB a patient representative in an area other than that of the LHB holding the contract with the practice and an LMC rep from an LMC which does not represent practitioners in the areas of the LHB which is a party for the contract. There is no mandate currently for a practice representative as per Welsh Conference motion quoted above.
- At least one member of the assessment panel shall visit the practice before reaching a decision.
- A decision will be reached to reject or accept the appeal within 28 days starting on the date which the LHB rejected the closure notice.
- The practice will be informed in writing of the decision as soon as possible.
- If approved the process under (1 – approval of application) – will be followed.
- If not allowed, even if a practice wishes to implement the NHS dispute process, the list MUST remain open and the LHB will discuss with the practice the support it can provide to keep the list open.
- The practice CANNOT make a further application for another 3 month period starting from the date of the LHB rejection.

****Please note, the practice may withdraw the application at any time before the LHB makes its decision on the application****

Can patients being assigned to practices when the list is closed?

- Yes they can but this should only be done in exceptional circumstances i.e.
- If most of the neighboring practice have closed lists
- If the assessment panel has decided that patients may be assigned to the practice list (and that decision not overturned by Welsh Government or by a court).
- If the LHB has entered into discussions with the practice

How do I reduce access at a branch surgery?

- Follow the practical advice guidance in this document
- Inform the LHB of your decision and how this was reached.
- The LHB is likely to consult with those they deem affected and inform the practice of the outcomes of those discussions
- The LHB cannot prevent a practice from reducing its access provided it meets contractual requirements on hours of availability and that there is no loss of patient services but please note the impact on practice funding likely to follow if access is reduced to less than 20 hours.

How do I apply to shut the branch surgery & what happens next?

- Follow the practical advice guidance in this document
- The practice needs to issue an application to close
- The LHB can issue a counter notice to allow for any consultation requiring the branch to remain open.
- The LHB is likely to request the involvement of the LMC in trying to resolve the issue
- The branch site is required to stay open until the issues are resolved
- There is the ability to appeal to Welsh Government if the application is rejected

REFERENCES AND LINKS

- 1) "A PRESCRIPTION TO A HEALTHY FUTURE" – <http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/gpc-wales>
- 2) "CREATING A HEALTHIER FUTURE FOR WALES" - <http://bma.org.uk/about-the-bma/how-we-work/uk-and-national-councils/welsh-council>
- 3) "The BMA SAFEGUARDING PATIENT SERVICES, MAINTAINING COST-EFFECTIVENESS" - [http://www.brotaflmc.org.uk/ESW/Files/Safeguarding_patient_services_maintaining_cost-effectiveness - April 2007.pdf](http://www.brotaflmc.org.uk/ESW/Files/Safeguarding_patient_services_maintaining_cost-effectiveness_-_April_2007.pdf)
- 3) "COLLABORATIVE WORKING ACROSS PRACTICES" Please email info.gpcwales@bma.org.uk for a copy
- 4) LIST AND BRANCH REFERENCES

<http://www.wales.nhs.uk/sitesplus/863/opendoc/128558>

<http://www.wales.nhs.uk/sites3/documents/254/601BranchSurg.pdf>

<http://www.wales.nhs.uk/sitesplus/866/document/221301>



List Closure
Procedure for GMS.doc

Welsh GP Contract

<http://www.wales.nhs.uk/sites3/docmetadata.cfm?orgid=480&id=58064>

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=480&pid=6062>