

To: All Practices in Surrey & Sussex LMCs

28<sup>th</sup> September 2017

Dear Colleagues

**BMA Survey of GP practices on list closure and temporary closure of patient registration [capping]**

There has been considerable publicity regarding the outcome of the BMS Survey of practices in terms of their willingness to either collectively apply to close their lists, or to temporarily suspend patient registration [informally known as 'list capping'].

The England-wide results of the Survey are below:

Turnout	23.9%			
	Yes (% of respondents)	Yes (% of all practices)	No (% of respondents)	No (% of all practices)
Temporary suspension of patient registration	53.74%	12.84%	46.26%	11.05%
Application for formal list closure	43.96%	10.5%	56.04%	13.39%

Region	YES (temporary suspension of patient registrations)	YES (application for formal list closure)	Response rate
East Midlands	61.08%	54.05%	30%
East of England	56.61%	45.50%	25%
London	69.89%	49.40%	12%
North East	44.05%	32.14%	22%
North West	52.04%	42.53%	18%
South West	40.38%	33.58%	38%
South Central	56.90%	51.69%	25%
South East	60.75%	50.97%	36%
West Midlands	57.50%	43.04%	25%
Yorkshire & the Humber	40.21%	37.04%	26%

Local Medical Committees for Croydon, Kingston & Richmond, Surrey, East Sussex and West Sussex

The White House T: 01372 389270  
 18 Church Road F: 01372 389271  
 Leatherhead  
 Surrey KT22 8BB [www.sslmcs.co.uk](http://www.sslmcs.co.uk)

Locally, the practice response rate for South East England was 36% and I am grateful to many colleagues who took the time to discuss the issue within their practices and then vote.

The individual SSLMCs results were 56.2% in favour of temporary closure of patient registration and 48.3% in favour of a collective application to close lists, results which mirror the national picture.

In terms of next steps this was a survey of intention, not a ballot for industrial action. The latter would be covered by the Trade Union and Labour Relations (Consolidation) Act 1992 and under this the turnout threshold for industrial action must be 50%. There are 7824 eligible practices [in England] and of these 2309% [1870] voted, which is substantially below the threshold. A majority vote to proceed would be over 50% of the turnout, which would be a minimum of 1956 practices [3912 represents a 50% turnout] and only 935 practices voted yes to a temporary suspension of patient registration, although this did represent a narrow majority in favour of 53.7%. In certain regions [South East, London, and East Midlands] the overall yes vote was over 60%.

A minority of responders were in favour of a collective application to close lists, overall 56.4% practices voted no, and 43.6% voted yes. This outcome may have been influenced by the known difficulties in pursuing this option with both NHS England, or delegated CCGs.

Another factor that may have influenced colleagues is that GP partners will take action in terms of deciding to temporarily suspend patient registration, or apply for list closure, or both, and as GP partners (or practices as legal entities) are not employed they would not be protected under Trade Union legislation. This is a personal difficulty for General Practitioners.

GPC discussed these results in detail at its September meeting and have decided not to undertake a formal ballot on temporary suspension of patient registration; it is self-evident however that the survey, together with well-publicised local examples across England, demonstrates the continuing pressures facing General Practice that are not adequately being met either by NHS England, CCGs, or politicians.

The LMC continues to support practices who on an individual basis may decide that the safe delivery of care to those patients who are currently registered would be compromised if the practice continued to register more patients. The commonest reason for this is insufficient availability of clinicians. In the light of discussions with NHS England and CCGs, the LMC is updating its advice pack to practices on this issue; this is nearly complete and the LMC will circulate an update noting changes in current advice. It remains important for all practices considering either list capping, or an application to close their list, or change their practice boundary, to inform their commissioner, which will be their CCG except for those practices in Crawley, East Surrey, Surrey Downs, Surrey Heath, and Guildford & Waverley CCGs, where NHS England remain the commissioner, although it would be helpful to inform the CCG as well.

The LMC can provide advice on all three issues.

With best wishes.

Yours sincerely

A handwritten signature in black ink, appearing to be 'JP', with a long horizontal line extending to the right.

Dr Julius Parker  
**Chief Executive**