

<b>Subject:</b>	GP List Closure Checklist
<b>Produced by:</b>	Steve Lloyd – Head of Primary Care Commissioning
<b>Presented by:</b>	Steve Lloyd – Head of Primary Care Commissioning
<b>Submitted to:</b>	NHS West Norfolk CCG Primary care Commissioning Committee, 24 <sup>th</sup> November 2017
<b>Purpose of Paper:</b>	For Approval

**GP List Closure Checklist**

The attached paper sets out a proposed checklist for GP practices who are considering closing their lists to new patients owing to workload pressures. The checklist is based on the Quality First British Medical Association (BMA) Guidance published in 2015 and has been developed in response to a recommendation from Norfolk and Waveney Local Medical Committee (LMC).

The checklist sets out the steps to be considered by GP practices before they submit a formal request to the CCG to close their list to new patients or take temporary action to suspend their list to new patients.

The checklist has been reviewed by Norfolk and Waveney LMC and Norfolk and Waveney CCGs and their comments reflected in the attached paper. The checklist has also been sent to the 4 Norfolk CCGs with a recommendation that this is considered by their Primary Care Commissioning Committees, hence this submission.

It is recommended that the checklist be approved, and then circulated to member GP practices.

**KEY RISKS (in relation to CCG strategic objectives and statutory duties)**

**Clinical & Quality:** List closure requests reflect increasing workload pressures in general practice which may adversely affect the health and wellbeing of the practice team and the quality of care to patients

**Finance and Performance:** none identified

**Reputation:** GP list closures would attract significant local press interest and public concern. If practices do not follow the recommended BMA guidance before deciding to close their list to new patients, opportunities to identify a locality solution to managing patient demand may be missed.

**Legal:** Any risks not properly identified or mitigated could have legal consequences for the CCG.

**Patient focus:** GP list closures would reduce patient choice in a locality, and may have an adverse impact on patient experience, in particular ease of access to GP appointments, and travel time to the surgery.

**Information Governance:** none identified

**Conflicts of Interest:** none identified

**Equality Impact Assessment: n/a**

**Reference to relevant risk on the Governing Body Assurance Framework: n/a**

**RECOMMENDATION:**

The Primary Care Commissioning Committee is asked review the GP List Closure Checklist, and approve the content and circulation to West Norfolk GP Practices.

## **GP List Closure Checklist**

### **1. Introduction**

This checklist is based on BMA guidance in the Quality First: Managing Workload to Deliver Safe Patient Care in January 2015.

It has been developed at the recommendation of Norfolk and Waveney LMC to provide GP practices with information on the steps they should consider before submitting a formal request to close their list to new patients or to take temporary action to suspend their list to new patients.

GMS and PMS practices can apply formally to the CCG to close the practice list if their workload is jeopardising their ability to provide safe care for their registered patients. This is permitted by The National Health Service (General Medical Services Contracts) Regulations 2004. Similar provisions may apply to practices with an APMS contract – practices should check the terms of their APMS Contract.

Practices can also experience unforeseen pressures which can reasonably be predicted to be short term. In these circumstances there may be a real or perceived risk to 'safe patient care' by accepting more new patients onto the list and consequently practices can consider temporarily suspending the registration of new patients; refer to further guidance in Section 7 below.

### **2. Principles**

The CCG will ensure that NHS Regulations and NHS England national policy guidance are followed when considering requests from GP practices to close their list.

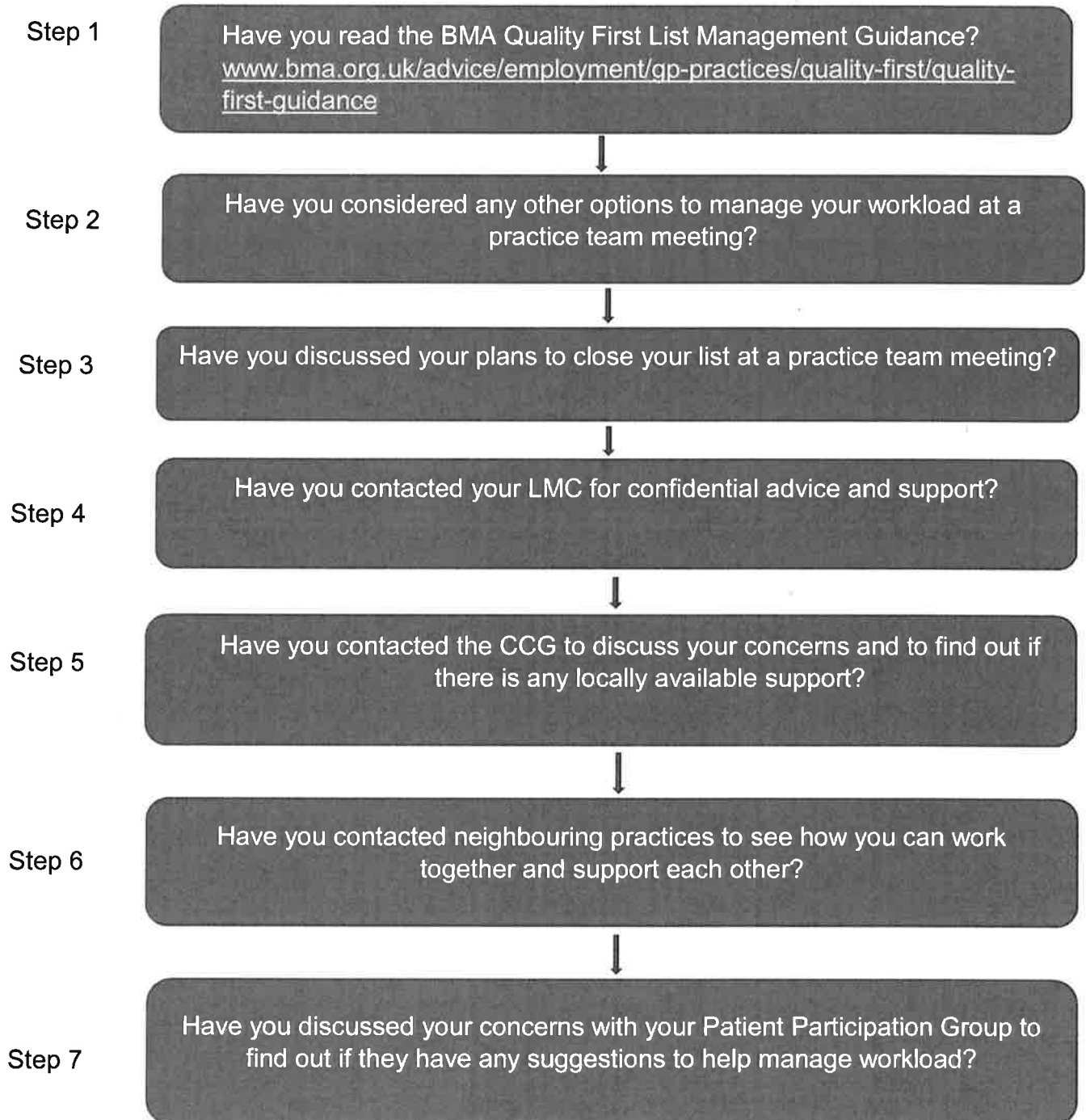
The final decision on whether to approve a request for formal list closure will be made by the CCG Primary Care Commissioning Committee. This decision will be made within 21 days of receiving an application unless an extension to this period is agreed with the GP practice.

The CCG's priority is to ensure equitable access of services to all patients but recognises that there may be specific circumstances which lead a practice to seek to formally close their list to new patients.

Both the LMC and CCG are happy to work with the practice to offer guidance on managing workload, which may include looking to see if a locality solution can be identified.

### 3. Practice Checklist

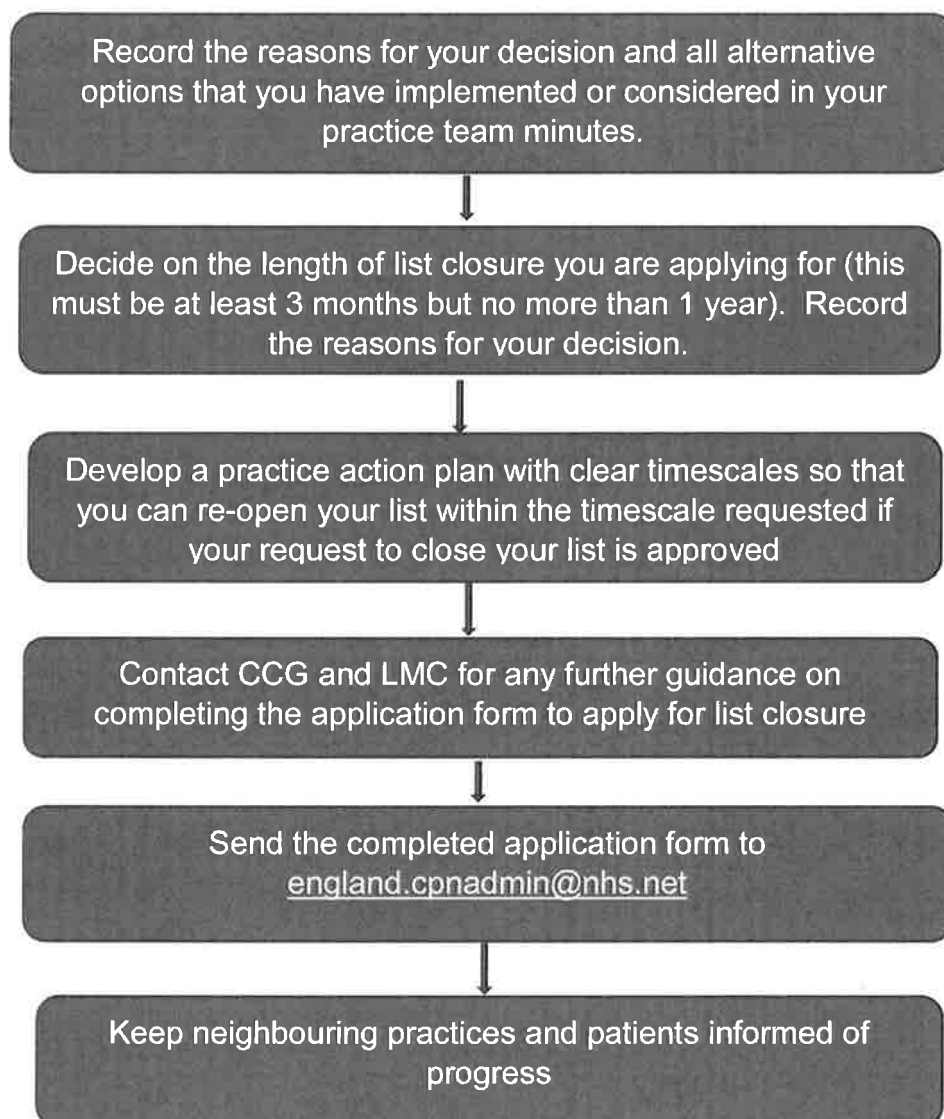
It is recommended that a Practice works through the seven steps below before submitting a formal request for list closure to the CCG. These should provide the CCG with sufficient information on which to base its decision.



#### 4. Next Steps

If you decide to keep your practice list open, it may be a good idea to regularly review the situation and keep in regular contact with the LMC and CCG.

If you decide to go ahead with applying to close your list, please make sure that you take the following action before contacting the CCG.



On receipt of a formal request CCGs will follow the steps set out in the NHS England national policy guidance to ensure that a decision can be taken by the Primary Care Commissioning Committee in line with NHS Regulations and timescales.

#### 5. Temporary List Closure

Practices can experience unforeseen pressures which can reasonably be predicted to be short term. In these circumstances there may be a real or perceived risk to 'safe patient care' by accepting more new patients onto the list. As a consequence, practices can consider temporarily suspending the registration of new patients for a short period.

Examples of areas where a temporary list closure may be appropriate are:

- An immediate and unpredicted shortfall in the availability of staff e.g. through sickness or a delay to a staff appointment
- An unpredicted surge in demand
- An unexpected event affecting a practices ability in the short term to provide the full range of services normally available e.g. a flood or a fire
- Impact on a practice of an unfavourable CQC inspection where remedial action temporarily affects normal service provision

If a practice is considering a temporary list closure they should discuss this with the CCG and LMC before closing their list to new patients.

Practices may also wish to refer to Section 3 above.

## 6. Useful Contacts:

Norfolk and Waveney LMC – [enquiries@norfolkwaveneylmc.org.uk](mailto:enquiries@norfolkwaveneylmc.org.uk) (Tel 01953 608060)

West Norfolk CCG – [steve.lloyd3@nhs.net](mailto:steve.lloyd3@nhs.net) (Tel 01553 666908)

NHS England – [England.cpnadmin@nhs.net](mailto:England.cpnadmin@nhs.net)

## 7. References

BMA – Quality First: Managing Workload to Deliver Safe Patient Care January 2015

[www.bma.org.uk/advice/employment/gp-practices/quality-first/quality-first-guidance](http://www.bma.org.uk/advice/employment/gp-practices/quality-first/quality-first-guidance)

NHS (General Medical Services Contracts) Regulations 2004 – Schedule 6 Other Contractual Terms Part 2 Paragraph 27 Closure of Lists of Patients

[www.legislation.gov.uk/uksi/2004/291/schedule/6/made](http://www.legislation.gov.uk/uksi/2004/291/schedule/6/made)

NHS England Formal List Closure Application Form



Annex 1  
Application to Close

NHS England Policy Guidance published in November 2016



suspend-pat-reg-res  
pns-guid Nov 2016.pr