New Patient Registration and Applications to Close Lists/Temporarily Halt New Patient Registration.

February 2016

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INTRODUCTION – MANAGING WORKLOAD and LIST CLOSURES

Essex LMCs are receiving an ever increasing number of enquiries from practices for information on how to temporarily halt patient registration or formally close their list. This guidance has been produced as an easy reference for practices who find themselves considering these options as a means of managing their workload to ensure they can continue to provide a safe, accessible and quality service to their existing patients.

The guidance brings together all the information that practices need to take account of either in terms of temporarily halting new patient registrations or applying to NHS England to formally close your list.

The most recent GPC guidance includes a statement from NHS England, which recognises that on occasions practices may find that they need to temporarily halt new registrations. In these circumstances, practices should inform NHS England and engage in discussion with the Commissioner to identify an action plan to address the issues. Should practices adopt this position, you should only register new babies and immediate family of existing patients. NHS England can also, in these circumstances, still assign patients to you.

Practices who decide to apply to formally close their list need to make an application to NHS England in accordance with the provisions of The NHS (General Medical Services) Regulations 2015 or The NHS (Personal Medical Services) Regulations 2015 (the provisions are the same). Discussion with NHS England, prior to taking this decision is encouraged. This guidance includes the relevant regulations and also two examples of applications that have been approved by NHS England for closure. It is important that the requirements of the regulations are followed when making an application. If your list is approved for closure, you may during the agreed period, only register new babies or immediate family of registered patients. Assignment of patients to closed lists is more difficult and NHS England are required to follow a specified process as set out in the regulations within this guidance.

Once a practice is no longer registering new patients, regulations in refusing an application also need to be complied with and these are also within the guidance, setting out requirements on practices. In all circumstances, practices are required to give notice in writing to applicants as to why an application has been refused and the reasons for refusal. You may wish to adapt the template letter within the guidance for receptionists to hand to patients who approach the practice for registration.

NHS England "Managing Closed Lists Policy NHS England" can be found at https://www.england.nhs.uk/wp-content/uploads/2013/07/mng-close-list.pdf

Taking a decision to cease registration of patients, either informally or formally, is not easy and where practices are making these difficult decisions, it is solely in the interests of managing ever increasing workload and to continue to provide a safe and effective service to their registered list.

GPC GUIDANCE ON LIST CLOSURES – March 2015

NEW PATIENT REGISTRATION AND APPLICATIONS TO CLOSE LISTS

The following guidance is based on information contained in 'Quality first: Managing workload to deliver safe patient care', available on the BMA website at: http://bma.org.uk/practical-support-at-work/gp-practices/quality-first

Formal list closure

GMS and PMS practices can apply formally 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, which are included in this guidance

Practices that do not wish to have patients assigned to their list by the area team must go through the list closure procedures set out in the regulations (paragraphs 29-31 of Part 2 of Schedule 6). If the area team or the assessment panel approves the closure notice, the contractor's list is officially closed to assignments. The closure period will be either for a maximum of 12 months, or if a range was specified in the closure notice, until an earlier point in time when the number of patients falls below the bottom figure of the range.

The GPC has worked to ensure that the closed list arrangements are less punitive than in the past and practices that do undertake a formal list closure are not faced with any sanction by the area team, such as the threat of removing enhanced services.

However, you should note that formal list closure requires area team consent and the following should be taken into account:

- Instead of list closure, is there an opportunity to negotiate with the area team for staffing support with other services?
- There will be a responsibility on both the practice, the Area Team/LHB (Local Health Board) and the CCG to ensure that all options other than closure have been considered.
- Document what options you have considered in trying to address the problems being faced and the out-comes of those considerations.
- 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
- Consider the possible impact on neighbouring prac-tices and any help they can provide.
- Meet neighbouring practices including LMC rep-resentation to discuss the problems that the practice is facing.
- Request a meeting with the Area Team/LHB and let them know you will be accompanied by an LMC representative.
- Discuss with your patient liaison group to explain how and why you have come to this decision and to listen to any suggestions they may have to ease the pressures.

Informal list measures - Key points to consider

In addition to the formal list closure procedure all practices have the contractual right to decline to register any new patients without having to go through the formal processes and without needing to obtain area team permission. However the formal closure route makes it far more difficult for the area team to be able to allocate any

new patients to the practice list.

A practice can decide not to register new patients, provided it has 'reasonable and non-discriminatory grounds for doing so', (such as protecting the quality of patient services.) In such cases, the regulations allow practices to refuse to register new patients (paragraph 17 of Part 2 of Schedule 6).

A practice cannot pick and choose which patients it declines to register in these circumstances e.g. refusing nursing home or care home residents, as that would clearly be discriminatory and breach the contractual regulations. The only exceptions which could be reasonably argued would be new babies of registered mothers and perhaps other first degree relatives in the same household if it could be demonstrated that it would be in the patients' best interests to be registered with the same practice.

Should a practice be unable to accept patients routinely, a discussion between the practice and the area team could take place in an attempt to resolve the situation. This could involve, for example, additional support being provided by the area team and would normally lead to an application for formal closure.

The contractor does not need to make an official declaration of its intention to refuse to register new patients. However, the regulations state they must provide the patient with a written notice. In addition it is good practice to put up notices, provide patient leaflets and post on its website that it is temporarily unable to accept any new registrations, and explain the reasons why.

The area team may still assign patients to the contractor's list (paragraph 32 of Part 2 of Schedule 6) as its list is open to assignments within the meaning of the Regulations. Practices should bear in mind that the area team may ask them to justify the decision not to register a patient. Practices must ensure that their actions do not discriminate between patients on the grounds of the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition. A written acceptance policy will enable practices to refute any suggestion of improper rejection of applications. There are equivalent procedures in the regulations for the devolved nations.

Practices should not refer to their list as 'closed' when it has not been formally closed and should state only that they have concluded that they cannot at present take on further patients.

If the practice is unable to take on additional patients on the basis of safety/quality of care then the practice should enter into discussions with their area team and LMC leading to an application for formal list closure.

NHS England view

NHS England has stated the following regarding list closures:

"Patient safety is the top most priority. Both for commissioner and provider, commissioning services need to always reflect that and the contract is a means by which we can ensure that a practice is continuing to offer safe and high quality services to patients.

For a practice to formally close its list, we require it to consult with patients and other key local stakeholders. Clearly, NHS England has a responsibility to ensure that services are available to patients. There are different issues raised if an urban practice closes its list compared to one that supports a very rural and large practice area, so all cases will be considered on a case by case basis.

If a practice is experiencing severe disruption, then of course it may be necessary to take immediate action, so that the practice can maintain safe services. However, a provider should be communicating with the commissioner as soon as practical in order to establish a plan of action to address the issue.

If the issues are not imminently likely to be rectified, then in order to fully assess the impact of a closed list on local services for patients, a formal request to close a list should be made, so that the views of patients as well as local GP and community pharmacy services can be taken into account. In most circumstances, we find that patient groups and local health services are very understanding of practice difficulties, however practices don't exist in isolation, and we need to ensure that a closed list does not adversely affect the pressures being experienced elsewhere, in another practice.

Because of our need to ensure we engage with the local community regarding the services we commission, we do not accept that a practice can close its list without going through a formal process of engagement. However, we do appreciate that there are times when urgent action needs to be taken. If there is a sudden impact on a practice's ability to provide patient services, we accept that a temporary halt to new patient registration is appropriate, but this should be followed quickly by a discussion with the commissioner to identify an action plan to address the issues. Where it is evident that the issues can be resolved within a short time scale, then we would look to support a practice to address these issues without requiring formal list closure.

If progress was not being made, we would advise that consideration be given formally to close the list.

Where a practice is opting to restrict patient registration without discussing the implications and appropriate actions with NHS England, we would consider whether contractual action ought to be taken."

In addition to the above, the Central Midlands Sub-Regional Team of NHS England has provided the following:

"From a local perspective, we would always urge a GP practice experiencing difficulties to contact their local NHS England Contract Manager at an early stage. GP practices experiencing difficulties often consider working more closely with neighbouring practices, including exploring options for mergers and federations. At a local level, NHS England can support these discussions and encourage practices to fully engage with their CCG, which may also be able to offer support.

Unmanaged list closures have the potential to be problematic for patients and other local practices; for example, in rural areas where only one or two practices may cover a given location, patient access to a GP could become unduly restricted. The formal list closure process allows local commissioners scope to engage with neighbouring practices and to assess the impact that a closed list may have on other practices in a locality."

The NHS (General Medical Services Contract) Regulations 2015
(These provisions are reflected in PMS Regulations)

PART 3
Lists of patients:

Application for closure of list of patients

33.—(1) Where a contractor wants to close its list of patients, the contractor must send a written application to that effect ("the application") to the Board.

(2) The application must include the following information—

(a)the options which the contractor has considered, rejected or implemented in an attempt to alleviate the difficulties which the contractor has encountered in respect of its open list and, if any of the options were implemented, the level of success in reducing or extinguishing such difficulties;

(b) details of any discussions between the contractor and its patients and a summary of those discussions including whether or not, in the opinion of those patients, the list of patients should be closed;

(c)details of any discussions between the contractor and the other contractors in the contractor's practice area and a summary of the opinion of the other contractors as to whether or not the list of patients should be closed;

(d)the period of time, being a period of not less than three months and not more than 12 months, during which the contractor wants its list of patients to be closed;

(e) any reasonable support from the Board which the contractor considers would enable its list of patients to remain open or would enable the period of the proposed closure to be minimised;

(f)any plans which the contractor may have to alleviate the difficulties mentioned in the application during the period of the proposed closure in order for that list to re-open at the end of that period without the existence of those difficulties; and

(g) any other information which the contractor considers ought to be drawn to the attention of the Board.

(3) The Board must acknowledge receipt of the application before the end of the period of seven days beginning with the date on which the Board received the application.

(4) The Board must consider the application and may request such other information from the contractor as the Board requires in order to enable it to determine the application.

(5) The Board must enter into discussions with the contractor concerning—

(a) the support which the Board may give to the contractor; or

(b) any changes which the Board or the contractor may make,

which would enable the contractor to keep its list of patients open.

(6) The Board and the contractor must, throughout the period of the discussions referred to in sub-paragraph (5), use reasonable endeavours to achieve the aim of keeping the contractor's list of patients open.

(7) The Board or the contractor may, at any stage during the discussions, invite the Local Medical Committee (if any) for the area in which the contractor provides services under the contract to attend any meetings arranged between the Board and the contractor to discuss the application.

(8) The Board may consult such persons as it appears to the Board may be affected by the closure of the contractor's list of patients and, if the Board does so, it must provide to the contractor a summary of the views expressed by those persons consulted in respect of the application.

(9) The Board must enable the contractor to consider and comment on all the information before the Board makes a decision in respect of the application.

(10) A contractor may withdraw the application at any time before the Board makes a decision in respect of that application.

(11) The Board must, before the end of the period of 21 days beginning with the date on which the application was received by the Board (or within such longer period as the parties may agree), make a decision to—

(a) approve the application and determine the date from which the closure of the contractor's list is to take effect; or

(b) reject the application.

(12) The Board must give notice in writing to the contractor of its decision to—

(a) approve the application in accordance with paragraph 34; or

(b) reject the application in accordance with paragraph 35.

(13) A contractor may not submit more than one application to close its list of patients in any period of 12 months beginning with the date on which the Board makes its decision on the application unless—

(a) paragraph 36 applies; or

(b)there has been a change in the circumstances of the contractor which affects its ability to deliver services under the contract.

Approval of an application to close a list of patients

34.—(1) Where the Board approves an application to close a contractor's list of patients, the Board must—

(a)give notice in writing to the contractor of its decision as soon as possible and the notice ("the closure notice") must include the details specified in sub-paragraph (2); and

(b) at the same time as the Board gives notice to the contractor, send a copy of the closure notice to—

(I) the Local Medical Committee (if any) for the area in which the contractor provides services under the contract, and

(ii) any person who the Board consulted in accordance with paragraph 33(8).

(2) The closure notice must include—

(a) the period of time for which the contractor's list of patients is to be closed which must be—

(i) the period specified in the application, or

(ii) where the Board and the contractor have agreed in writing to a different period, that different period,and, in either case, the period must not be less than three months and not more than 12 months;

(b) the date on which the closure of the list of patients is to take effect ("the closure date"); and

(c) the date on which the list of patients is to re-open.

(3) Subject to paragraph 37, a contractor must close its list of patients with effect from the closure date and the list of patients must remain closed for the duration of the closure period as specified in the closure notice.

Rejection of an application to close a list of patients

35.—(1) Where the Board rejects an application to close a contractor's list of patients it must—

(a)give notice in writing to the contractor of its decision as soon as possible, including the Board's reasons for rejecting the application; and

(b) at the same time as it gives notice to the contractor, send a copy of the notice to—

(i) the Local Medical Committee (if any) for the area in which the contractor provides services under the contract, and

(ii) any person who the Board consulted in accordance with paragraph 33(8).

(2) Subject to sub-paragraph (3), if the Board rejects an application from a contractor to close its list of patients, the contractor must not make a further application to close its list of patients until whichever is the later of—

(a) the end of the period of three months beginning with the date on which the Board's decision to reject the application was made; or

(b) in a case where a dispute arising from the Board's decision to reject the application has been referred to the NHS dispute resolution procedure, the end of the period of three months beginning with the date on which a

final determination to reject the application was made in accordance with that procedure (or any court proceedings).

(3) A contractor may make a further application to close its list of patients where there has been a change in the circumstances of the contractor which affects the contractor's ability to deliver services under the contract.

Application for an extension of a closure period

36.—(1) A contractor may apply to extend the closure period by sending a written application ("the application") to that effect to the Board no later than eight weeks before the date on which the closure period is due to expire.

(2) The application must include the following information—

(a) details of the options which the contractor has considered, rejected or implemented in an attempt to alleviate the difficulties which have been encountered during the closure period or which may be encountered when the closure period expires;

(b) the period of time during which the contractor wants its list of patients to remain closed (which may not be longer than 12 months);

(c) details of any reasonable support from the Board which the contractor considers would enable the contractor's list of patients to re-open or would enable the proposed extension to the closure period to be minimised;

(d) details of any plans which the contractor may have to alleviate the difficulties mentioned in the application to extend the closure period in order for the list of patients to re-open at the end of the proposed extension of that period without the existence of those difficulties; and

(e) any other information which the contractor considers ought to be drawn to the attention of the Board.

(3) The Board must acknowledge receipt of the application before the end of the period of seven days beginning with the date on which the Board received the application.

(4) The Board must consider the application and may request such other information from the contractor as it requires in order to enable it to decide the application.

(5) The Board may enter into discussions with the contractor concerning—

(a) the support which the Board may give to the contractor; or

(b) any changes which the Board or the contractor may make,

which would enable the contractor to re-open its list of patients.

(6) The Board must determine the application before the end of the period of 14 days beginning with the date on which the Board received that application (or before the end of such longer period as the parties may agree).

(7) The Board must give notice in writing to the contractor of its decision to approve or reject the application to extend the closure period as soon as possible after making that decision.

(8) Where the Board approves an application, the Board must—

(a) give notice in writing to the contractor of its decision ("the extended closure notice") which must include the details referred to in sub-paragraph (9); and

(b) at the same time as it gives notice in writing to the contractor, send a copy of the extended closure notice to—

(i) the Local Medical Committee (if any) for the area in which the contractor provides services under the contract, and

(ii) any person who the Board consulted in accordance with paragraph 33(8).

(9) The extended closure notice must include—

(a)the period of time for which the contractor's list of patients is to remain closed which must be—

(i) the period specified in the application, or

(ii) where the Board and contractor have agreed in writing a different period to the period specified in that application, that agreed period,

and, in either case, the period ("the extended closure period") must not be less than three months and not more than 12 months beginning with the date on which the extended closure period is to take effect;

(b) the date on which the extended closure period is to take effect; and

(c) the date on which the contractor's list of patients is to re-open.

(10) Where the Board rejects an application, it must—

(a) give notice in writing to the contractor of its decision including its reasons for rejecting the application; and

(b) at the same time as it gives notice to the contractor, send a copy of the notice to the Local Medical Committee (if any) for the area in which the contractor provides services under the contract.

(11) Where an application is made in accordance with sub-paragraphs (1) and (2), the contractor's list of patients is to remain closed pending whichever is the later of—

(a) the determination by the Board of that application; or

(b) in a case where a dispute arising from the Board's decision to reject the application to extend the closure period has been referred to the NHS dispute resolution procedure, the contractor ceasing to pursue that dispute through that procedure (or any court proceedings).

Re-opening of list of patients

37. The contractor may re-open its list of patients before the expiry of the closure period if the Board and the contractor agree that the contractor should do so.

The NHS (General Medical Services Contract) Regulations 2015
(These provisions are reflected in PMS Regulations)

PART 4
Assignment of patients to lists

Assignments to closed lists: composition and determinations of the assessment panel

41.—(1) Where the Board wants to assign a new patient to a contractor which has closed its lists of patients, the Board must prepare a proposal to be considered by the assessment panel.

(2) The Board must give notice in writing to—

(a)contractors, including those contractors who provide primary medical services under arrangements made under section 83(2) of the Act(**3**) or 92 of the Act (which relate to arrangements for the provision of primary medical services) which—

(i)have closed their lists of patients, and

(ii) may, in the opinion of the Board, be affected by the determination of the assessment panel; and

(b) the Local Medical Committee (if any) for the area in which the contractors referred to in paragraph (a) provide essential services (or their equivalent),

that it has referred the matter to the assessment panel.

(3) The Board must ensure that the assessment panel is appointed to consider and determine the proposal made under sub-paragraph (1), and the composition of the assessment panel must be as described in sub-paragraph (4).

(4) The members of the assessment panel must be—

(a) a member of the Board who is a director;

(b) a patient representative who is a member of the Local Health and Wellbeing Board(**4**) or Local Healthwatch organisation(**5**);

(c) a member of a Local Medical Committee, but not a member of the Local Medical Committee (if any) for the area in which the contractors who may be assigned patients as a consequence of the assessment panel's determination provide services.

(5) In reaching its determination, the assessment panel must have regard to all relevant factors including—

(a) whether the Board has attempted to secure the provision of essential services (or their equivalent) for new patients other than by means of assignment to a contractor with a closed list; and

(b) the workload of those contractors likely to be affected by any decision to assign such patients to their list of patients.

(6) The assessment panel must reach a determination before the end of the period of 28 days beginning with the

date on which the panel was appointed.

(7) The assessment panel must—

(a) determine whether the Board may assign new patients to a contractor which has a closed list of patients; and

(b) if it determines that the Board may make such an assignment, determine, where there is more than one contractor, the contractors to which patients may be assigned.

(8) The assessment panel may determine that the Board may assign new patients to contractors other than any of the contractors specified in its proposals under sub-paragraph (1), as long as the contractors were given notice in writing under sub-paragraph (2)(a).

(9) The assessment panel's determination must include its comments on the matters referred to in sub-paragraph (5), and notice in writing of that determination must be given to those contractors referred to in sub-paragraph (2)(a).

Assignment to closed lists: NHS dispute resolution procedure relating to determinations of the assessment panel

42.—(1) Where an assessment panel makes a determination under paragraph 41(7)(a) that the Board may assign new patients to contractors who have closed their lists of patients, any contractor specified in the determination may refer the matter to the Secretary of State to review that determination.

(2) Where a matter is referred to the Secretary of State under sub-paragraph (1), it must be reviewed in accordance with the procedure specified in the following sub-paragraphs.

(3) Where more than one contractor specified in the determination would like to refer the matter for dispute resolution, those contractors may, if they all agree, refer the matter jointly and, in that case, the Secretary of State must review the matter in relation to those contractors together.

(4) The contractor (or contractors) must send to the Secretary of State, before the end of the period of seven days beginning with the date of the determination of the assessment panel in accordance with paragraph 41(7), a written request for dispute resolution which must include or be accompanied by—

(a) the names and addresses of the parties to the dispute;

(b) a copy of the contract (or contracts); and

(c) a brief statement describing the nature of and circumstances giving rise to the dispute.

(5) The Secretary of State must, before the end of the period of seven days beginning with the date on which the matter was referred to the Secretary of State—

(a) give notice in writing to the parties that the Secretary of State is dealing with the matter; and

(b)include with the notice a written request to the parties to make, in writing before the end of a specified period, any representations which those parties would like to make about the dispute.

(6) The Secretary of State must give, with the notice under sub-paragraph (5), to the party other than the one which referred the matter to dispute resolution, a copy of any document by which the dispute was referred to dispute resolution.

(7) The Secretary of State must, upon receiving any representations from a party—

(a) give a copy of those representations to each other party; and

(b)request, in writing, that each party to which a copy of those representations is given makes, before the end of a specified period, any written observations which the party would like to make about those representations.

(8) The Secretary of State may—

(a) invite representatives of the parties to appear before, and make oral representations to, the Secretary of State

either together or, with the agreement of the parties, separately, and may, in advance, provide the parties with a list of matters or questions to which the Secretary of State would like them to give special consideration; or

(b) consult other persons whose expertise the Secretary of State considers is likely to assist the Secretary of State's consideration of the dispute.

(9) Where the Secretary of State consults another person under sub-paragraph (8)(b), the Secretary of State must—

(a) give notice in writing to that effect to the parties; and

(b)where the Secretary of State considers that the interests of any party might be substantially affected by the results of the consultation, give to the parties such opportunity as the Secretary of State considers reasonable in the circumstances to make observations about those results.

(10) In considering the dispute, the Secretary of State must take into account—

(a) any written representations made in response to a request under sub-paragraph (5)(b), but only if those representations are made before the end of the specified period;

(b) any written observations made in response to a request under sub-paragraph (7), but only if those written observations are made before the end of the specified period;

(c) any oral representations made in response to an invitation under sub-paragraph (8)(a);

(d) the results of any consultation under sub-paragraph (8)(b); and

(e) any observations made in accordance with an opportunity given under sub-paragraph (9).

(11) Subject to the other provisions of this paragraph and to any agreement between the parties, the Secretary of State may determine the procedure which is to apply to the dispute resolution in such manner as the Secretary of State considers appropriate in order to ensure the just, expeditious, economical and final determination of the dispute.

(12) In this paragraph, "specified period" means—

(a)such period as the Secretary of State specifies in the request being a period of not less than one week and not more than two weeks beginning with the date on which the notice referred to is given; or

(b) such longer period as the Secretary of State may allow for the determination of the dispute where the period for determination of the dispute has been extended in accordance with sub-paragraph (16), and where the Secretary of State does so allow, a reference in this paragraph to the specified period is to the period as so extended.

(13) Subject to sub-paragraph (16), the Secretary of State must—

(a) determine the dispute before the end of the period of 21 days beginning with the date on which the matter was referred to the Secretary of State;

(b) determine whether the Board may assign new patients to contractors which have closed their lists of patients; and

(c) if the Secretary of State determines that the Board may assign new patients to such contractors, determine the contractors to which such new patients may be assigned.

(14) The Secretary of State must not determine that patients may be assigned to a contractor which was not specified in the determination of the assessment panel under paragraph 41(7)(b).

(15) In the case of a matter referred jointly by contractors in accordance with sub-paragraph (3), the Secretary of State may determine that patients may be assigned to one, some or all of the contractors which referred the matter.

(16) The period of 21 days referred to in sub-paragraph (13) may be extended (even after it has expired) by a further specified number of days if an agreement to that effect is reached by—

(a) the Secretary of State;

(b) the Board; and

(c) the contractor (or contractors) which referred the matter to dispute resolution.

(17) The Secretary of State must—

(a) record the determination, and the reasons for it, in writing; and

(b) give notice in writing of the determination (including the record of the reasons) to the parties.

Assignments to closed lists: assignments of patients by the Board

43.—(1) Before the Board assigns a new patient to a contractor, the Board must, subject to sub-paragraph (3)—

(a) enter into discussions with the contractor regarding the additional support that the Board can offer the contractor; and

(b) use its best endeavours to provide such appropriate support.

(2) In the discussions referred to in sub-paragraph (1)(a), both parties must use reasonable endeavours to reach agreement.

(3) The requirement in sub-paragraph (1)(a) to enter into discussions applies—

(a) to the first assignment of a patient to a particular contractor; and

(b) to any subsequent assignment to that contractor to the extent that it is reasonable and appropriate having regard to—

(i) the numbers of patients who have been or may be assigned to it, and

(ii) the period of time since the last discussions under sub-paragraph (1)(a) took place.

(**1**)

Section 83 was amended by paragraph 30 of Schedule 4 to the Health and Social Care Act 2012 (c.7) ("the 2012 Act").

(**2**)

Section 92 was amended by paragraph 36 of Schedule 4 to the 2012 Act.

(**3**)

Section 151 was amended by paragraph 79 of Schedule 4 to the 2012 Act.

(**4**)

See section 194 of the 2012 Act which requires a local authority to establish a Health and Wellbeing Board for its area.

(**5**)

Local Healthwatch organisations are bodies corporate with which a local authority may enter into arrangements under section 222 of the Local Government and Public Involvement in Health Act 2007 (c.28) for the purpose of discharging their functions. Section 222 was amended by section 183 of, and Schedules 5 and 14 to, the Health and Social Care Act 2012 (c.7).

The NHS (General Medical Services Contract) Regulations 2015

(These provisions are reflected in PMS Regulations)

Refusal of applications for inclusion in list of patients or for acceptance as temporary resident

21.—(1) The contractor may only refuse an application made under paragraph 18 or 20 if the contractor has reasonable grounds for doing so which do not relate to the applicant's age, appearance, disability or medical condition, gender or gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sexual orientation or social class.

(2) The reasonable grounds referred to in sub-paragraph (1) may, in the case of an application made under paragraph 18, include the ground that the applicant—

(a) does not live in the contractor's practice area; or

(b) lives in the outer boundary area (the area referred to in regulation 20(3).

(3) Where a contractor refuses an application made under paragraph 18 or 20, the contractor must give notice in writing of that refusal and the reasons for it to the applicant (or, in the case of a child or an adult who lacks capacity, to the person who made the application on their behalf) before the end of the period of 14 days beginning with the date of its decision to refuse.

(4) The contractor must—

(a) keep a written record of—

(i) the refusal of any application made under paragraph 18, and

(ii) the reasons for that refusal; and

(b) make such records available to the Board on request.

TEMPLATE APPLICATION 1

[NAME OF SURGERY]

TO TEMPORARILY CLOSE THE LIST TO NEW PATIENTS

[DATE]

This is a formal application to NHS England by the contractor, …. The application is to close the list to the registration of new patients except the immediate family members of existing patients. This application is made with the support of our Patient Reference Group and our patients.

We previously made a request on 17 July 2014 for closure of the practice but this was turned down by the Direct Commissioning Oversight Group, which met in July 2014, due to a lack of patient consultation.

Our desire to close for a period of 6 months we see as a positive step not a negative one. We feel it is time to get the core GP work right for our large patient population. Our greatest focus will be to improve the quality of care for our current patients, whilst our greatest concern is taking on more patients but providing a substandard service. Impacting on this is the number of GPs we have had leaving over the last two years, as compared to the number GPs we have been able to recruit. Closing the list temporarily will help us make positive inroads.

Outlined below are details of the reasons for our request temporarily close the list to new patients:

Briefly describe your main reasons for applying to close your practice's register to new registrations:

The main reason we would request your agreement to close the list to new patient registrations at the … Surgery is due to a current acute shortage of doctors to deal with the ..000+ patients on our list. This is largely as a result of a number of GPs either retiring or leaving the practice during the last two years and we have not been able to replace all those doctors who have left the Surgery.

Despite advertising for salaried GPs for the past 18-24 months we have received little response. We have successfully recruited three GPs but at the same time one of our salaried GPs has left due to the ongoing extremely heavy work-load and a further Partner is due to leave in April. There has been an increase of sick leave amongst

members of the team due to stress. Our doctors are working up to 12-hour days and have been for the past year due to the shortage of skilled GPs. Locum GPs have been of some help with appointments but are unable to help with much of the clinical administration work.

Our difficulty in effectively recruiting is also due in part to an ongoing investigation being undertaken by NHS England and the General Medical Council and the historical reputation of the practice.

Until such time as we are able to recruit additional doctors we do not believe we are able to provide a comprehensive service for our patients.

The GPs are also providing cover for sessions at … Surgery. In addition at the … Surgery… where we have a further 2,000 registered patients. These surgeries are proving very difficult to staff effectively due to the shortage of available GPs. Any patients who can't be seen at either of these practices are also re-directed to the … Surgery thus increasing the workload.

What options have you considered, rejected or implemented to relieve the difficulties you have encountered about your open list and, if any were implemented, what was your success in reducing or erasing such difficulties?

We have been continually advertising for salaried GPs to join the practice and have received little response and are about to advertise again. We have also increased the salary on offer for these posts, with little effect.

We have a number of excellent locum GPs who assist us with seeing patients. Standard practice is that locums do not help the permanent GPs with the processing of paperwork including:
The generating and signing of prescriptions,
Dealing with pathology results and hospital letters
The on call demand. We currently have 4-5 locums working at the Practice.

Another option we are currently piloting is an increased use of telephone triaging carried out by doctors, with the aim of better meeting the needs of the patients. Our initial findings show that this is an efficient and effective use of our GPs' time when run concurrently with the GP appointments system. We have also introduced telephone clinics to give and discuss results with patients, to further reduce appointments. However sensible these changes, they cannot fully address the problem of access to appointments, which creates unnecessary stress for both doctors and more importantly our patients.

We are fortunate in that we have a large and experienced nursing team and they have been extremely supportive in assisting the doctors with some triaging and seeing patients, but whilst this helps to a point a large number of patients still need to be seen by a doctor.

Have you had any discussions with your registered patients about your difficulties maintaining an open list and if so, please summarise them, including whether registered patients thought the list of patients should or should not be closed?

We have consulted with our Patient Reference Group and on 6 August 2014 we began a consultation with our patients. Patients were asked whether they would support us in closing our list temporarily to new patients in order to improve the service we provide to our current patients.

We have now run the survey for 7 weeks and we have received 569 responses, 92% were in favour of us closing our list. A copy of the patient survey results is attached as Appendix I. Patients were also asked to free text their comments and these were also supportive of a temporary closure largely due to the problems they were experiencing in obtaining appointments and the waiting times before they are seen by a doctor. These are attached as Appendix II.

An important part of the Practice's ethos is not to turn away patients who ask to be seen and we are struggling to meet the demand for appointments. In addition we are very keen to avoid our patients using either the local walk in centre or Southend's Accident & Emergency Department, if this can be avoided.

We have found that in order to deal with the demands for appointments, both medical emergency and routine appointments, the doctors frequently work through their whole shift without a break. There is also a knock on effect on time for home visits.

Have you spoken with other contractors in the practice area about your difficulties maintaining an open list and if so, please summarise your discussions including whether other contractors thought the list of patients should or should not be closed?

The CCG and NHS England are well aware of the current national shortage of GPs, with Essex apparently one of the most affected counties.

How long do you wish your list of patients to be closed? (This period must be more than three months and less than 12 months)
For six months.

What reasonable support do you consider the AT would be able to offer, which would enable your list of patients to remain open or the period of proposed closure to be minimised?

We would ask that the Area Team consider and support the practice with this temporary closure to ensure we continue to meet the needs of the patients on the practice list, with the quality we want and they deserve. It is our aim that the closure will be a one-off temporary closure and as soon as we are in a position to re-open the list we would be keen to do so.

Do you have any plans to alleviate the difficulties you are experiencing in maintaining an open list, which you could implement when the list of patients is closed, so that list could reopen at the end of the proposed closure period?

As outlined above we are hoping to recruit additional salaried GPs to fill the current gap in resources and in addition continue to develop the telephone triage pilot to better meet the demand for appointments. We are confident that we will then be able to open the list at the end of the temporary closure period. We are also exploring how other roles could support our GPs in the provision of patient care.

Do you have any other information to bring to the attention of the AT about this application?
Our utmost concern is quality patient care and we would not wish to compromise this. We have put a huge amount of teamwork and team effort into the practice, something that came across at our recent CQC visit. They understood the desire to close the list as they noted patients' access to appointments was a significant problem. They did, however, feel we had the makings of an excellent practice.

We note that this application does not impose any obligation on the NHS CB to agree to this request.

We request that NHS England considers and grants this application to temporarily close our list.
****
…
Partners, … Surgery, Essex

APPENDIX I

Number of Responses: **569**

Dear Patient,

Many thanks for agreeing to take part in this short survey.

We are considering closing our patient list for a set period of time. This would mean that no more new patients could join our practice while the patient list was closed. Closing the list would allow us to improve the service we provide to our current patients and this would not affect our current patients.

Please answer the question and click **Send** when you are done.

Q1: Would you be agreeable to the Surgery closing the list to new patients to enable us to improve the service we provide to our current patients
Yes **92%**
No **5%**
No response **3%**

Please add any other comments you would like to make about the Surgery:

To help us analyse your answer please tell us a few things about yourself:
How would you describe how often you come to the practice?
Regularly **44%**
Occasionally **41%**
Very Rarely **11%**
No response **4%**

Are you male or female?
Male **31%**
Female **59%**
No response **10%**

What age are you?
Under 16 **0%**
17 - 24 **5%**
25 - 34 **10%**
35 - 44 **13%**
45 - 54 **18%**
55 - 64 **15%**
65 - 74 **19%**
75 - 84 **12%**
Over 84 **2%**
No response **6%**

What is the ethnic background with which you most identify?
White British **87%**
White Irish **2%**
Mixed White & Black Caribbean **1%**
Mixed White & Black African **0%**
Mixed White & Black Asian **0%**

Indian **0%**
Pakistani **0%**
Bangladeshi **0%**
Black Caribbean **0%**
Black African **0%**
Chinese **0%**
Other **2%**
No response **8%**

Many thanks for your time in answering the question on this survey.

TEMPLATE APPLICATION 2

[Name of Surgery]

TO CLOSE THE LIST TO NEW PATIENTS

[DATE]

This is a formal application to NHS Mid Essex by the contractor Dr ***"Insert Name"***, "***Insert Surgery Address"***. The application is to close the list to the registration of new patients except the immediate family members of existing patients.

This application is made under the GMS contract regulations 2012 and an extract of those regulations is attached as Appendix 1. This application is made with the support and knowledge of our patients, our staff, our neighbouring Practices and the Local Medical Committee.

The application is made to the NHS England, Essex Area Team.

Extract from GMS Standard Contract 2012

230.1. The options which the Contractor has considered, rejected or implemented in an attempt to relieve the difficulties which the Contractor has encountered in respect of its open list and, if any of the options were implemented, the level of success in reducing or extinguishing such difficulties;

The rationale for making this application is that the Surgery has reached full capacity and cannot safely increase its list any further. Our safety concerns are for both our patients and our staff. The actions we have taken to increase our capacity have been as follows:

We have submitted bids for new premises.

2004 -	**Business Case submission**	**Rejected by PCT**
2008 -	**Business Case submission**	**Rejected by PCT**
2010 -	**Business Case submission**	**Postponed by PCT until 2011**
2011 -	**Business Case submission**	**Rejected by PCT**
2012 -	**Business Case submission**	**Postponed by PCT until 2013**
2013 -	**Business Case submission**	**Postponed by PCT until 2014/15**

We have submitted bids to expand into neighbouring premises

2012	- Application for additional accommodation	Rejected by PCT
2013	- Application for additional accommodation	Rejected by PCT

We have submitted bids for Improvement Grants

2012	- Application for Improvement Grant	Rejected by PCT
2013	- Application for Improvement	Grant Rejected by PCT

Extract from GMS Standard Contract 2012

230.2. Any discussions between the Contractor and its patients and a summary of those discussions including whether in the opinion of those patients the list of patients should or should not be closed;

On 25th February 2013 we began a consultation with our patients. This consultation has the support and consent of our Patient Participation Group. Patients were asked whether they supported us closing our list to new patients.

In 3 weeks, we have receive 1037 responses, 95.7% were in favour of us closing our list. Patients were also asked to free text their comments and nearly 250 comments have been received. These are attached as Appendix 2.

Extract from GMS Standard Contract 2012

230.3. Any discussions between the Contractor and other contractors in the practice area and a summary of the opinion of the other contractors as to whether the list of patients should or should not be closed;

Our neighbouring practices were consulted on 8th March 2013. The letter sent to them is attached as Appendix 3. Their replies are attached as Appendix 4.

Extract from GMS Standard Contract 2012

230.4. The period of time during which the Contractor wishes its list of patients to be closed and that period must not be less than 3 months and not more than 12 months;

This application is to close the list for 12 months. If progress in not made as detailed in Section 230.5 below, we will continue to make applications to remain closed after this period.

Extract from GMS Standard Contract 2012

230.5. Any reasonable support from the PCT which the Contractor considers would enable its list of patients to remain open or would enable the period of proposed closure to be minimised;

The list could be safely reopened only if the following criteria are satisfied:

The NCB give due consideration to our Business Case submitted in October 2012 and approve the case for new premises.

An Improvement grant is made for to enable us to safely care for our patients in the interim before a new development becomes operational.

Extract from GMS Standard Contract 2012

230.6. Any plans the Contractor may have to alleviate the difficulties mentioned in the Application during the period

the list of patients may be closed in order for that list to reopen at the end of the proposed closure period without the existence of those difficulties;

As 230.5 above

Extract from GMS Standard Contract 2012

230.7. Any other information which the Contractor considers ought to be drawn to the attention of the PCT.

Our need for New Premises is well documented in our Business case which was submitted to the PCT in October 2012. In summary:

We have about 30% of the space we require to provide for our 13,700 patients
A six facet survey revealed that in almost every criteria the existing building fails to meet the necessary standards
Most of our consulting rooms are on the first floor with no lift
Patients frequently have to wait standing in corridors
4 clinical rooms, used on every session, are grossly sub-standard
Our medical records are stored in a shed in the car park
We have one toilet for 32 staff, no staff room and no meeting room.
2 sessions per week clinical staff have to do admin work as no consultation rooms are available
We have no attached staff

We request that the PCT considers and grants this application to close our list from 1st April 2013

APPENDIX 1 to template Letter 2

Extract from NHS (General Medical Services Contract Regulations 2015

Application for closure of list of patients

Insert Regulations

APPENDIX 2 to template letter 2

Insert patient comments received between “date” and “date”.

APPENDIX 3 to template letter 2

LETTER TO NEIGHBOURING PRACTICES:

Date

Dear Colleague,

I am writing to inform you that “Surgery” is considering making an application to the NCB/MECCG to close our list to new patients. As a neighbouring Practice, this would clearly have an effect on your workload and I would be grateful if you could let us know your views and the implications for your service before we make the application.

Our reasons for considering this application now are because the PCT (and now the NCB) have continually rejected or postponed our applications for new premises. In brief the history is as follows:

2004 - Bid for New Premises	Rejected PCT
2008 - Business Case submission	Rejected PCT
2010 - Business Case submission	Postponed by PCT until 2011
2011 - Business Case submission	Rejected PCT
2012 - Improvement Grant Application	Rejected PCT
2012 – Interim solution to move into neighbouring building	Rejected by PCT
2012 - 5th Business Case submission	Postponed by PCT
2013 - Improvement Grant Application	Rejected by PCT

We have been informed that our business case submitted in October 2012 will now not even be considered until 2014/15 and a new building would not be operational until 2017. We now think it is almost impossible for us to continue to accept new patients and maintain their safety and provide the good quality services they would expect. The continued postponements and delays are also having an effect on our staff, making their working conditions in such a cramped and inadequate building very difficult.

Our 5 business cases, have highlighted the numerous deficiencies in our premises. I will not repeat them all here but the following is a brief summary:

We have about 30% of the space we require to provide for our 13,700 patients
The six facet survey revealed that in almost every criteria the existing building fails to meet the necessary standards
Most of our consulting rooms are on the first floor with no lift
Patients frequently have to wait standing in corridors
4 clinical rooms, used on every session, are grossly sub-standard
Our medical records are stored in a shed in the car park
We have one toilet for 32 staff, no staff room and no meeting room.
2 sessions per week clinical staff have to do admin work as no consultation rooms are available
We have no attached staff

Clearly, we would far rather have new premises than to take this action but continued inertia by the PCT over the years has led us to this rather drastic step. We will also be raising this issue as a formal dispute with the NCB with the help and support of the LMC.

Of course, we are all feeling that growth in demand for GP services in “area” is ongoing and we are very conscience that this application may matters worse for your Practice in the short term. However, we are hopeful that this application, some local publicity and patients’ surveys will prompt the PCT/MECCG/NCB into giving us a firm timetable for new premises.

If we were successful, we anticipate that our new building would have some growth factor built in, so we could absorb some of the growth in patient numbers that we are all experiencing.

Please let me know your views either in response to this letter or by email to @nhs.net or my practice manager @ nhs.net

Yours sincerely,

APPENDIX 4 to template letter 2

Attach response letters from neighbouring practices.

APPLICATION TO CLOSE - CHECKLIST

- ❑ Options you have considered, rejected or implemented to alleviate difficulties in managing workload in the practice.
- ❑ Details of discussions between practice and patients and a summary of discussions, including patient opinion as to whether the list should close.
- ❑ Details of discussions between the practice and neighbouring practices as to whether the list should close.
- ❑ The period of time for which you wish to close your list (not less than 3 months and not more than 12 months)
- ❑ Details of any discussions with or reasonable support you think NHS England can offer to enable the list to remain open.
- ❑ Plans within practice whilst closed to alleviate difficulties to enable to open again.
- ❑ Any other information that NHS England needs to be aware of when considering the application to close.

TEMPLATE LETTER – REFUSAL TO REGISTER AN APPLICATION FOR REGISTRATION

Dear Patient

Application for Registration

Thank you for your application to register at “name of practice”.

We are sorry that we are currently unable to accept your application. We are committed to providing a safe, accessible and quality medical service to our patients. As a consequence of current “workload pressures/ recruitment/GP vacancies, insert reasons”, our list is currently closed to new patient registrations/we have temporarily halted new patient registrations, in order that we can maintain a quality and safe service to our existing patients.

We will update our website www…….. when we find ourselves in a position to register new patients.

Yours sincerely

Dr (s)

North & South Essex Local Medical Committe Ltd
5 Whitelands, Terling Road, Hatfield Peverel, CM3 2AG
Tel: 01245 383430 | Email: info@essexlmc.org.uk |Web essexlmc.org.uk