

Manchester Road Surgery
Application to Temporarily Close Practice Registered List

Primary Care Commissioning Committee meeting

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29 June 2016

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Sponsor	Katrina Cleary, Programme Director Primary Care, Sheffield CCG
Is your report for Approval / Consideration / Noting	
Approval	
Are there any Resource Implications (including Financial, Staffing etc)?	
There are no additional resource implications.	
Audit Requirement	
<u>CCG Objectives</u>	
<i>Which of the CCG's objectives does this paper support?</i>	
Strategic Objective 1. To improve patient experience and access to care Strategic Objective 2. To improve quality and equality of healthcare in Sheffield	
<u>Equality impact assessment</u>	
<i>Have you carried out an Equality Impact Assessment and is it attached?</i> <i>If not, why not?</i>	
An EIA has not yet been carried out.	
<u>PPE Activity</u>	
<i>How does your paper support involving patients, carers and the public?</i>	
The practice has not had the opportunity to discuss this issue with patients	
Recommendations	
The Primary Care Commissioning Committee is asked to discuss the content of this paper and to consider supporting the application to temporarily close the list of this practice.	

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1. Introduction / Background

Manchester Road surgery is a small two-partner practice in the South of the City. As a result of a recent accident one partner Dr Andrew Marshall recently had an accident and is likely to be absent from the practice for the next four months.

The practice is working hard to maintain services to patients via locums and is also continue to meet its requirement as a training practice. However, the current remaining partner, Dr Wendy Jaques, being mindful of the current short term pressure on the practice, has recently submitted the attached application to temporarily close the list until Dr Marshall returns to work. The practice has made it quite clear that the list will reopen on Dr Marshalls' return.

Based on the urgency of the request the practice has not been able to engage with patients on the proposed list closure, as would normally be expected.

2. Contractual Position

The contractual position for applications to close the practice registered list is set out in Schedule 5 of the Personal Medical Services (PMS) Agreement.

A Contractor which wishes to close its List of Patients must send a written application ("the Application") to close its list to the Board and the Application must include the following details:

- 2.1. 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;
- 2.2. 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;
- 2.3. 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;
- 2.4. The period of time during which the Contractor wishes its List of Patients to be closed and that period must not be less than three (3) months and not more than twelve (12) months;

- 2.5. 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 proposed closure to be minimised;
- 2.6. Any plans the Contractor may have to alleviate the difficulties mentioned in that Application during the period the List of Patients may be closed in order for that list to re-open at the end of the proposed closure period without the existence of those difficulties; and
- 2.7. Any other information which the Contractor considers ought to be drawn to attention of the Board.
- 2.8. The Board must acknowledge receipt of the Application within a period of seven (7) days starting on the date the Application was received by the Board.
- 2.9. The Board must consider the Application and may request such other information from the Contractor which it requires to enable it to consider the Application.
- 2.10. The Board must enter into discussions with the Contractor concerning:
 - 2.10.1. The support which the Board may give the Contractor; or
 - 2.10.2. Changes which the Board or Contractor may make, to enable the Contractor to keep its List of Patients open.
- 2.11. The Board and Contractor must, throughout the discussions referred to in paragraph 2.10, use its reasonable endeavours to achieve the aim of keeping the Contractor's List of Patients open.
- 2.12. The Board or the Contractor may, at any stage during the discussions, invite the Local Medical Committee for the area in which the Contractor provides Services under this agreement (if any) to attend any meetings arranged between the Board and Contractor to discuss the Application.
- 2.13. The Board may consult such persons as it appears to the Board as may be affected by the closure of the Contractor's List of Patients, and if it does so, the Board must provide to the Contractor a summary of the views expressed by those consulted in respect of the Application.
- 2.14. 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.
- 2.15. A Contractor may withdraw its Application at any time before the Board makes a decision in respect of that Application.
- 2.16. Within a period of twenty one (21) days starting on the date of receipt of the Application (or within such longer period as the parties may agree), the Board must make a decision:
 - 2.16.1. to approve the Application and determine the date the closure is to take effect and the date the List of Patients is to re-open; or
 - 2.16.2. to reject the Application

- 2.17. The Board must notify the Contractor of its decision to approve the Application in accordance with paragraph 18, or in the case where the Application is rejected, in accordance with paragraph 19.
- 2.18. A Contractor must not submit more than one application to close its List of Patients in any period of twelve (12) months starting on the date on which the Board makes its decision on the Application unless:
- 2.18.1. Paragraph 19 applies; or
 - 2.18.2. There has been a change in circumstances of the Contractor which affects its ability to delivery Services under this Agreement.

3. Recommendations

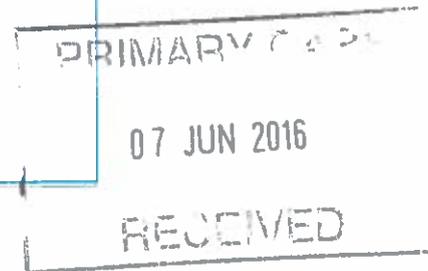
The Primary Care Commissioning Committee is asked to discuss the content of this paper and to consider supporting the application to close the list of this practice on a temporary basis for the next four months.

Paper prepared by Katrina Cleary, Programme Director Primary Care, Sheffield CCG and Victoria Lindon, Senior Primary Care Manager, NHS England

June 2016

Application to Close Practice List of Patients

Practice stamp



Please complete the following:

Briefly describe your main reasons for applying to close your practice's list of patients to new registrations:

Our senior partner Dr Andrew Marshall was involved in an accident on Sunday 22nd June 2016. As a result of this he is likely to be off work for at least 3 to 4 months. In addition to being a senior partner he is trainer for the 2 registrars Placed with us. Dr Jaques will have to to run the practice and list size of 4600 single handed with only one salaried GP who does 3 sessions and any locums we can engage to assist whilst Dr Marshall is off sick. We feel if the list size continues to grow during this time (particularly if patients from care homes beyond our LES care home register with us) this would become unsafe for one GP to manage. Due to our demographic we already have a high number of elderly and chronic visit patients to manage and this in itself creates a lot of work.

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 managed to book locums but these will not be dealing with anything other than seeing patients, visits, debrief of our current registrars, pathlinks, post and duty GP will all fall to Dr Jaques. We are only anticipating closing our list for a short period to help us to manage the current unexpected crisis.

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?

No, as above this is a business continuity decision and will not affect our ability to take on new patients when the current crisis has passed and Dr Marshall is back at work.

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

No as above, although as a courtesy we will contact our neighboring practices to let them know that we have asked for a closure. All local practices are aware of our current situation and have been very supportive so we can't envisage this being a problem as it is only for a short period.

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)

4 months

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

Do they have a list or pool of locums that are happy to step in at partner level at reasonable rates?

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?

We are not anticipating Dr Marshall being off for more than 4 months so the list will reopen. In the meantime we are looking at employing another salaried GP with a view to partnership. As we are only a 2 partner practice this has left us in a vulnerable position twice now in less than a year and is something that we want to address. We have advertised a position recently but have not been able to appoint a suitable candidate as yet.

Do you have any other information to bring to the attention of the Commissioner about this application?

No

Please note that this application does not concert any obligation on the Commissioner to agree to this request

To be signed by all parties to the contract (where this is reasonably achievable):

Signed: 

Print: Dr. WENDY J. JUS

Date: 01/06/2016

Signed:

Print: DR. ANDREW MARSHALL (unable to sign as in hospital)

Date:
