

Application to close practice list of patient

Practice stamp:

Please complete the following:

<i>Practice Information</i>			
<i>Health Care Professional</i>	<i>Total Number employed</i>	<i>WTE</i>	
<i>GPs</i>			
<i>Practice Based Pharmacists</i>			
<i>Advanced Care Practitioners</i>			
<i>Physicians Associates</i>			
<i>Practice Nurses</i>			
<i>Health Care Assistants</i>			
<i>Other: (Please define)</i>			

		<i>Main Site</i>	<i>Branch Site if applicable</i>
<i>Health Care Professional</i>	<i>Appointment Length</i>	<i>Number of appointments per day Face to face / telephone</i>	
<i>GPs</i>			
<i>Practice Based Pharmacists</i>			
<i>Advanced Care Practitioners</i>			
<i>Physicians Associates</i>			
<i>Practice Nurses</i>			
<i>Health Care Assistants</i>			
<i>Other: (Please define)</i>			

Does the number of face to face consultations available correlate with the wte figures you are given?

BMA in 2016
 Average list size per GP = 1600 approx. (2014 NHS/HSCIC figures)
 Minimum appointments required per week = 72/1000 patients (NHSE via McKinsey, but widely accepted)
 Therefore required appointments per GP per week = 115
 GP session is 3.5 hours

- 14 appointments at 15 minutes each gives a clinic session of 3.5 hours
- 17.5 appointments at 10 minutes each gives a clinic session of 3.5 hours

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

Workforce issues

Increase in patient list size

Increase in demand for appointments. How is this measured? Is there a recognised method of determining the increase or is it based on perception?

Sudden change in circumstance

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?

Reducing boundary

Advertising for a different professional to a GP such as ANP / ECP / Physio / Pharmacist

Utilising technology e-consult, voice connect / patient partner / SMS texting etc

Staff training e.g. clinical triage, hospital letters

Working with the grouping in relation to support available

Resilience funding

Funding available through CCG / other funding streams

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

Discussions with PPG

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?

Working with the grouping in relation to support available

How long do you wish your practice list of patients to be closed? (This period must be more than 3 months and less than 12 months)

3 months to help embed some new way of working / staff into the practice

6 months

12 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?

CCG / NHS England funding pots

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?

Courses (clinical / educational) for staff
Embedding new member of staff / new ways of working
Working with the grouping to support the practice

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

Please confirm if you are happy to share your application with the LMC

Yes No

Please note that this application does not place 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: _____

Date: _____

Signed: _____

Print: _____

Date: _____