



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Process for Considering Branch Surgery Closure Applications

The rationale for developing this process is to ensure that all interested parties work collaboratively, to ensure that the delivery of patient care is paramount, in all considerations.

All arrangements for considering branch surgery closure applications will be managed by the Primary Care GMS (General Medical Services) team.

Definition of a Branch Surgery

A branch surgery is considered by Hywel Dda UHB to be a GP practice site which operates for less than 20 hours per week; whereas a split site surgery is defined

as generally offering patients in excess of 20 hours surgery time each week. It should be noted that this is an operational definition and not one explicitly defined by the GMS Contract or Regulations. It is taken from the guidance document 'New GMS Contract 2003: Investing in General Practice', NHS

Confederation and BMA, 2003, paragraph 4.54 (see appendix A)

The following stages explain the proposed process for the consideration and approval by the Health Board of branch surgery closure applications:

Stage 1 – Management of Initial Request:

➔ The practice should inform the GMS team, in writing to HDDUHBPrimary.care.HDD@wales.nhs.uk of their request to close a branch surgery, detailing:

- ❖ Reasons for the proposed closure request;
- ❖ Opening times and surgery times of the branch and main surgeries;
- ❖ The list size of the practice;
- ❖ Number of patients accessing the surgery services in the last three years, broken down by month;
- ❖ Number of patients that have accessed services at the branch site alone in the last three years, broken down by month;
- ❖ Where the Practice is unable to identify patients who use the Branch Surgery, then all patients registered with the practice will need to be engaged with;
- ❖ Services that are currently being provided from the branch surgery;
- ❖ If appropriate, how the branch surgery site is not fit for purpose as a GP practice (see appendix A);
- ❖ Impact the closure will have on patients and services at the main site.

➔ The Health Board will acknowledge the request for closure in writing within 5 working days of receipt and inform Llais and the Local Medical Committee that this has been received.

- ➔ The Health Board will inform neighbouring Local Health Boards, of the request, which may be affected by the closure.
- ➔ The Health Board will establish a Branch Practice Review Group, which will include representation from Llais and Local Medical Committee.

Stage 2 - Engagement with Key Stakeholders:

- ➔ The GMS team will co-ordinate and agree the engagement process with Llais. The team will identify key stakeholders which will include:
 - ❖ Local Medical Committee
 - ❖ Llais
 - ❖ Community Pharmacists in the area
 - ❖ Local Community Groups, i.e. Health Watch Groups
 - ❖ Other practices in the area which may be impacted upon from the closure
 - ❖ Local politicians
 - ❖ Patient Participation Group representation
- ➔ A patient engagement process will take place, in the form of a questionnaire, which will be translated into Welsh. All patients accessing the Branch Surgery will be engaged with. If the practice is unable to identify specifically those patients who have accessed the branch surgery, then the total practice population will be subject to the patient engagement.
- ➔ Engagement should last a minimum of four weeks (extended if it coincides with holiday periods). This will be individually agreed with Llais.

Stage 3 – Collating and Assessing the Information:

- ➔ Once the engagement is completed the Primary Care Business Support Team will collate the responses.
- ➔ The GMS Team may at this point deem it necessary to visit the branch surgery to assess the state of the premises on behalf of the Health Board. They will use the criteria in paragraph 4.52 of New GMS Contract 2003 : Investing in General Practice (see appendix A) as the minimum standards for acceptability.
- ➔ HDUHB, in conjunction with the Practice, will identify the following:
 - ❖ Reasons for the proposed closure;
 - ❖ Opening times and surgery times of the branch and main surgeries;
 - ❖ Current access rates;
 - ❖ The list size of the practice;
 - ❖ Number of patients accessing the surgery in the last 12 months, broken down by month;
 - ❖ Number of patients that have accessed services at the branch site alone in the last 12 months;
 - ❖ Services which are currently being provided from the branch surgery;
 - ❖ Any other purpose for which the branch surgery is used;
 - ❖ Positive and negative impact the closure will have on patients and services at the main site and those who use the Branch Site;
 - ❖ Details of public transport links from branch closure site to main practice site;
 - ❖ Practice proposals for how the information will be communicated to patients if the closure is approved;
 - ❖ Details of the timing of the closure if approved – will it be a staged approach;
 - ❖ Details of the number of patients reached via each medium used and the numbers of responses received;
 - ❖ Analysis of the results of the Patient Questionnaire;
 - ❖ Analysis of the results of the other Key Stakeholders Questionnaire;
 - ❖ Premises infrastructure concerns, i.e. costs to meet DDA compliance, statutory regulations compliance, assessment against the minimum standards for quality (see appendix A);

- ❖ Any other purpose for which the branch surgery is used;
- ❖ Details of the nearest GP practices and pharmacies – this should be presented visually on a map;
- ❖ Any proposed changes to services at the main practice;
- ❖ The outcome of an Equality Impact Assessment on the process undertaken to conduct the patient engagement.

Stage 4 – Branch Practice Review Panel:

- ➔ A Branch Practice Review Panel will be convened to consider the request from the Practice, the information detailed in Stages 1 and 3, the outcome of the patient engagement, key stakeholders engagement, views of Llais and Local Medical Committee.
- ➔ The proposed membership of the Branch Practice Review Panel is:
 - ❖ Non Officer HDUHB Member (Chair);
 - ❖ Assistant Director of Primary Care;
 - ❖ Associate Medical Director for Primary Care;
 - ❖ Head of GMS & Community Pharmacy;
 - ❖ Primary Care Services Manager;
 - ❖ Llais Representative (non voting);
 - ❖ Dyfed Powys LMC representative (non voting).
- ➔ The Branch Practice Review Panel will receive the information pack seven days before the meeting.
- ➔ The Branch Practice Review Panel will be deemed to be quorate if there are 4 voting members present. Wherever possible the Panel will be convened to enable attendance by Dyfed Powys Local Medical Committee and Llais to observe the proceedings.
- ➔ The Practice will be offered the opportunity to present their case in the form of a 15 minute presentation at the beginning of the meeting. The Panel will have the opportunity to question the Practice staff.
- ➔ The Panel will consider the information provided and agree a recommendation to be submitted to the Primary Care Contract Review Group.
- ➔ The Panel will also consider the Equality Impact Assessment conducted on the process followed.
- ➔ Representatives from Llais and the Local Medical Committee will be in attendance to observe the process, but will not have voting rights.

Stage 5 – Primary Care Contract Review Group (PCCRG)

- ➔ The GMS team will prepare papers to be reviewed at the PCCRG.
- ➔ The papers will include – recommendation of the Branch Practice Review Panel, summary of Practice's requests, Public engagement outcome, submit views of interested parties other than Llais, EqIA outcome.

Stage 6 – Board Decision Making:

- ➔ The Health Board is aware that Llais, as a statutory organisation, could consider a Branch Surgery Closure to be a significant loss of service to the patients accessing services in this venue. The views of the Llais will be presented to the Board independently as part of the decision making process.
- ➔ The Board will therefore, consider the recommendation from the Primary Care Contract Review Group including an Equality Impact Assessment on the recommendation, a summary of the request from the Practice, the outcome of the patient engagement, views of Llais and views of other interested parties.

Stage 7 – Notification to Practice, Patients and Key Stakeholders:

- ➔ The decision of the Board will be notified to the Practice, Llais, Local Medical Committee, key stakeholders identified and neighbouring practices.
- ➔ The UHB will endeavour to assess all applications and respond to the practice within a timely manner.
- ➔ Where the closure application is approved, the practice will be instructed to write to all registered patients to inform them of the closure and how they will access services from the Practice. The practice may also employ additional forms of patient communication such as posters, verbal communication via reception staff and messages on issued scripts for medication (including repeats) and messages on the practice's website and on any social media sites owned by the practice.
- ➔ Practices should ensure a minimum of 3 months notice following the Board decision to close, unless agreed otherwise with the Health Board.
- ➔ Where the closure application is approved it is the responsibility of the practice to meet all associated costs with closing the surgery including any redundancy and practice information costs.
- ➔ Where the closure application is not supported by the Board, the Primary Care team will further discuss with the Practice the implications of this decision.

Stage 8 – Appeals Process:

- ➔ Any appeal against the decision of the Board in relation to Branch Surgery Closure applications will be resolved through the contractual appeals process 'Contract Dispute Resolution – Part 7 of Schedule 6 to the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 ("The Regulations")'.

Stage 9 – Management of Potential Objections from Llais:

- ➔ As per the guidance for engagement and engagement on changes to Health Services 2023, where there is disagreement, Llais will provide advice and support to enable NHS organisations make necessary changes to services. However, despite the extensive guidance, there may be times where people or organisations are not happy with the outcome. The role of the CHCs to refer such concerns to the Minister to determine will no longer apply and does not transfer to Llais. However, Llais can draw to the attention of Welsh Ministers any issues related to health and social services, including changes to services and their management.
- ➔ In such circumstances, Welsh Ministers will expect Llais to explain why it has concerns. Welsh Ministers will seek a view from the relevant NHS organisations including evidence of any engagement it has undertaken.

Practice sends written request to close branch surgery to GMS Team
hdduhbprimary.care.hdd@wales.nhs.uk

HDUHB acknowledges receipt of application and informs Llais, LMC and neighbouring LHBs who may be affected by the closure

Llais conferred on the timescale for the Public engagement stage

Bilingual engagement documentation drafted, approved and translated

Engagement with key stakeholders:

- LMC
- Llais
- Local Community Pharmacies
- Local GP Practices
- PPG (if in existence)
- Patients
- Local Politicians and Councillors
- NWSSP

Branch Practice Review Panel established:

- Membership
- Date(s)
- Venue
- Invitations (to include GP Practice)

GMS Team visit to branch surgery premises (if appropriate)

The Business Support Team collates all information gathered from Public Engagement, practice visit(s), EqIA and other relevant information already held by the GMS Team into an information pack for the Branch Practice Review Panel;
GP Practice to be conferred on the contents prior to it being distributed to the membership

Branch Practice Review Panel sits to consider the information pack and make a recommendation to PCCRG.
Recommendation then made by PCCRG.

GMS Team prepares papers for PCCRG, including:

- Recommendation of the Branch Practice Review Panel
- Summary of Practice's request
- Public engagement outcome
- Submitted views of interested parties other than Llais
- EqIA outcome

GMS SBAR paper and independent Llais presentation are presented to Board for **FINAL DECISION**

Notification of Board Decision

GMS Team will notify the following of the decision reached by the Board:

- GP Practice
- Key Stakeholders, including:
 - Llais
 - LMC
 - Neighbouring LHBs
 - Local GP Practices
 - Local Community Pharmacies
 - PPG (if in existence)
 - Local Politicians and Councillors

If at any time in process practice requests to withdraw the request, panel still convenes to consider request

IF CLOSURE IS APPROVED:

The practice must take responsibility for writing to all registered patients giving at least 3 months notice (unless another timescale has been agreed) of closure. The practice may also choose to communicate this decision by additional means, which could include:

- Posters in surgery waiting rooms and local pharmacies
- Reception staff instructed to verbally inform patients where time allows
- Printed messages on medication scripts (including repeats)
- Messages on practice website and any social media owned by the practice

(This list is not intended to be all inclusive and the practice can use any other form of communication they see fit for their patients.)

Practice makes all practical arrangements for the closure of the branch surgery, including taking responsibility for paying all associated costs, including redundancy and costs of patient communication.

IF CLOSURE IS NOT SUPPORTED:

GMS Team meets with practice to discuss the implications of the decision

APPEALS PROCESS:

The GP Practice can appeal the Board's decision via the contractual appeals process as laid down within the GMS Contract

Llais has the right to conduct their own independent engagement and raise an official objection to the decision with the Welsh Government Minister for Health and Social Services

GMS Team must be informed immediately of this activity so as to alert the GP Practice

During either of these two appeals processes, services at the branch surgery must continue until a resolution is found

GMS Team informs NWSSP of the Branch Closure and arranges for the cessation of any payments made to the practice for these premises