

Guidance on the Implications of the new GMS Contract on Provision of Buildings to Suit Different Service Models (ref : Para 4.53 – 4.58)

Paragraph 4.54 of “Investing in General Practice” states that “For a branch surgery to qualify as a second main/split-site it should meet the following criteria:

- (i) be open for at least 20 hours a week for provision of medical services automatically entitling it to proper IT support;
- (ii) meet the minimum standards set out in paragraph 4.52;
- (iii) deliver essential and additional services.”

Components :

- 1 20 hour opening
- 2 Compliance with standards
- 3 Additional and essential services
- 4 Disputes procedures
- 5 Outlying consultation facilities

Each element will be considered in turn.

1 Hours Opening for Branch Surgeries

Issues of hours of opening will be critical to determining whether LHBs should be funded for the premises costs of provision of services from a branch surgery. The 20 hours should not be the time the doors are open, and receptionists are available, but reflect the times that clinical services are being provided.

For the purposes of this issue, clinical services should include those provided by GPs, practice nurses, community nursing services and dispensing services. Services being provided by non-GMS funded staff can be included, but administrative services such as the collection of repeat prescriptions cannot.

Current branch surgeries have not developed services within the 20 hour framework, and LHBs will have to use their judgement on whether to support surgeries open for less than 20 hours. In some cases, it may be desirable to agree shorter opening hours, for example in rural areas where there is no realistic alternative to the branch surgery.

2 Compliance with Quality Standards (para 4.52)

Subject to appropriate funding agreed between LHBs and practices, premises will not be accepted unless the accommodation is deemed by the LHB, following a visit, as satisfying the minimum standards.

Schedule 1 of the National Health Service (General Medical Services – Premises Costs) (Wales) Directions 2004 sets out the minimum standard for practice premises.

LHBs should use the results of the premises survey commissioned by Welsh Health Estates to inform the initial judgement. This should be followed up by a visit using the Quality Standards – Practice Premises Inspection Report. LHBs will also need to link decisions about the future of branch surgeries to their integrated service and estate strategies.

There are a number of courses of action that can apply following an inspection of a branch surgery:

- (i) Where the premises does not meet the quality standards and is not supported by the estate strategy then there are 2 options:
 - The LHB and GP can agree to closure and follow the closure procedure;
 - If the GP does not agree with the LHB's decision to disinvest in the premises there is an appeal procedure to the Welsh Assembly Government
- (ii) Where the premises does not meet the quality standards but is supported by the estate strategy then there are 2 options:
 - a) If there is long term commitment to the current building then a refurbishment programme would need to be agreed;
 - b) If there is a need for replacement of the premises then an interim investment plan would need to be agreed to ensure that the premises meet an acceptable standard in the interim period before closure and transfer to new premises.
- (iii) Where premises meet the quality standards and are supported by the estate strategy but the GP wants to close then the GP will need to issue an application to close. There will be a given period in which the LHB can issue a counter notice, to allow for any necessary consultation. It is recommended that the LHB involves its Local Medical Committee in trying to resolve the issue. The surgery will be required to stay open until the issue is resolved. Normal appeal procedures will apply.

LHBs may wish to consider whether there are any procedures contained within the premises flexibilities, issued in WHC (2004) 06 in January 2004, which could facilitate these actions. Further information can be found in the guidance on quality standards of GP premises.

3 Additional and Essential services

Branch surgeries should always aim to deliver both essential and additional services. However, some additional services would only be provided when it was deemed appropriate by the LHB following discussion with the practice, and with regard to the quality standards. For example, minor surgery may require additional facilities which are not economic within a branch setting.

4 Disputes procedures

These are explained in Part C of 'Delivering Investment in General practice – Implementing the new General Medical Services Contract in Wales'. Part 7 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 sets out procedures that need to be followed.

5 Outlying consultation facilities

Paragraph 4.57 states that "branch surgery standards need not be fully met where a practice provides outlying consultation facilities using premises usually used for other purposes."

There are a number of issues with such outlying facilities:

- IT and patient notes may not be available for a patient consultation;
- not all the minimum quality standards need apply, but some will have to. Those covering privacy, infection control, and clinical waste disposal in particular have to be met;
- privacy can best be tested by whether the GP has a dedicated room for their surgery sessions;
- infection control will be subject to developing guidance being agreed by the Royal College of General Practice and Assembly;
- clinical waste disposal will again be subject to important procedures covering storage, handling and transport. GPs should take the necessary steps to ensure that sessions are provided in rooms where the GPs have exclusive possession. Where this is not possible then LHBs should consider the introduction of mobile service units, where appropriate.

In many respects, however, the surgery sessions will be little different to a series of home visits where all these issues will apply but be overcome. LHBs will need to weigh up the advantages in terms of access of supporting such clinics with the disadvantages in terms of quality of service delivery.

6 Summary

LHBs' decisions regarding branch and split site surgeries should be made on the basis of service delivery and not solely on financial grounds. Each LHB will need to provide evidence of their assessment of these premises, and have developed an action plan for their Management Board's approval.