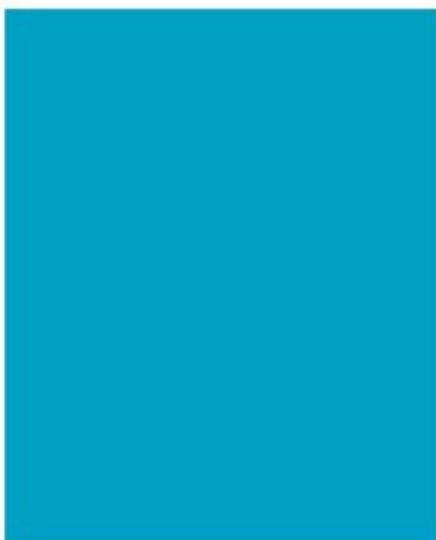


Managing closed lists



Managing closed lists

Standard operating policies and procedures for primary care

Issue Date: July 2013

Document Number: OPS_1020

Prepared by: Primary Care Commissioning (PCC)

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Information Reader Box

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Document Status

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Purpose of policy

- 1 The NHS England is responsible for direct commissioning of services beyond the remit of clinical commissioning groups, namely primary care, offender health, military health and specialised services.
- 2 This document forms part of a suite of policies and procedures to support commissioning of primary care. They have been produced by Primary Care Commissioning (PCC) for use by NHS England's area teams (ATs).
- 3 The policies and procedures underpin NHS England's commitment to a single operating model for primary care – a “do once” approach intended to ensure consistency and eliminate duplication of effort in the management of the four primary care contractor groups from 1 April 2013.
- 4 All policies and procedures have been designed to support the principle of proportionality. By applying these policies and procedures, area teams are responding to local issues within a national framework, and our way of working across the NHS England is to be proportionate in our actions.
- 5 The development process for the document reflects the principles set out in Securing excellence in commissioning primary care¹, including the intention to build on the established good practice of predecessor organisations.
- 6 Primary care professional bodies, representatives of patients and the public and other stakeholders were involved in the production of these documents. NHS England is grateful to all those who gave up their time to read and comment on the drafts.
- 7 The authors and reviewers of these documents were asked to keep the following principles in mind:
 - Wherever possible to enable improvement of primary care
 - To balance consistency and local flexibility
 - Alignment with policy and compliance with legislation
 - Compliance with the Equality Act 2010
 - A realistic balance between attention to detail and practical application
 - A reasonable, proportionate and consistent approach across the four primary care contractor groups.

¹ Securing excellence in commissioning primary care <http://bit.ly/MJwrfA>

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- 8 This suite of documents will be refined in light of feedback from users.

This document should be read together with

- Managing contract variations for primary medical care services contracts,
- Managing Dispute resolution for primary medical services and
- Managing patient assignments policies

Policy aims and objectives

- 9 This document describes the process to follow regarding application to close a practice list and extension to closure.

Background

- 10 This guidance outlines the process for working with contractors who wish to close their lists. In April 2012, amendments were made to the GMS contract regulations regarding list closures, then these amendments were applied to PMS regulations. They provided a clearer, more detailed process to ensure applications for list closure were applied consistently.

Primary medical services contracting routes

- 11 Where a primary medical services contractor holds a registered list of patients, and provides the full range of essential services, there are three possible contracting routes. These are:
- a General Medical Services (GMS) contract;
 - a Personal Medical Services (PMS) agreement; or
 - an Alternative Provider Medical Services (APMS) contract.
- 12 A single contractor may hold a variety of contract types with various commissioners. For example, an existing GMS contractor might also hold an APMS contract with the same or another commissioner.
- 13 General Medical Services (GMS) arrangements are governed by the GMS regulations (SI No. 2004/291, as amended from time to time). These are based on national agreement between the Department of Health (or bodies acting on behalf of the Department of Health) and the British Medical Association and are underpinned by nationally agreed payment arrangements as set out in the Statement of Financial Entitlements (SFE).

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- 14 Personal Medical Services (PMS) arrangements are an alternative to GMS, in which the contract (the PMS agreement) is agreed locally between the contractor and the commissioning organisation. The mandatory contract terms are set out in the PMS regulations (SI No. 2004/627, as amended from time to time) but still allow local flexibility for negotiation and there are some distinct differences in the way in which GMS and PMS contract variations must be managed.
- 15 Importantly there is no requirement to follow the nationally agreed pay structure for GMS, i.e. the SFE does not apply to PMS agreements. Commissioners and PMS contractors are therefore free to negotiate entirely separate payment arrangements, although common elements are often found in both contract types e.g. quality and outcome framework (QOF), but this also needs to be taken into consideration for the purposes of variations across the differing routes.
- 16 The mandatory requirements that apply to Alternative Provider Medical Services (APMS) contracts are set out in the Alternative Provider Medical Services Directions 2010 (as amended). These directions place minimum requirements on APMS contractors which broadly reflect those for PMS contractors but otherwise enable the remainder of the contract to be negotiated between the commissioner and the contractor or, more commonly, stipulated by the commissioner during the course of the tender process.
- 17 Unlike GMS and PMS arrangements, which place significant restrictions on the organisational structure of the contractor, there are fewer such restrictions for APMS contractors.
- 18 All contractors who have a list of registered patients must provide essential services. However, unlike GMS regulations, PMS regulations do not require provision of essential services and therefore a list of registered patients is not required. Those PMS agreements that take advantage of this flexibility and do not include the full range of essential services are known as Specialist PMS (SPMS) arrangements and are again locally agreed contracts.

Scope of the policy

- 19 The scope of this policy is to set out the processes to be implemented when managing list closure applications and extension to closure.

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- 20 The list closure process as set out in the GMS and PMS regulations² clearly defines the steps to be taken. It should be noted that APMS contracts should be reviewed individually, although provisions within the APMS regulations³ provide scope for closure.
- 21 At all stages throughout these processes, it is essential that the area team (AT) works with the contractor and the Local Medical Committee (LMC) to ensure clear and transparent decision making.
- 22 All AT decisions should be made in line with internal governance arrangements.

Application to close patient list

- 23 Sometimes a contractor may wish to close its list to new registrations e.g. internal capacity issues or premises refurbishments. The contractor must seek approval from the AT by a written application (the application) before this may happen.⁴ A sample template for the contractor to complete is attached at annex 2 with an example covering letter from the AT (annex 3).
- 24 The application must include the following information:
- options the contractor has considered, rejected or implemented in an attempt to relieve the difficulties encountered about its open list and, if any of the options were implemented, the level of success in reducing or extinguishing such difficulties;
 - any discussions between the contractor and its patients and a summary of them, including whether those patients believe the list of patients should or should not be closed;
 - 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;
 - the period of time during which the contractor wishes its list of patients to be closed must be more than three months and up to 12 months;
 - any reasonable support from the AT that the contractor considers would enable its list of patients to remain open or for the period of proposed closure to be minimised;
 - any plans the contractor has to alleviate the difficulties mentioned in that application while the list of patients is closed so the list can reopen at the end of the proposed closure period without such

² GMS regulations schd. 6, part 2 and PMS regulations schd.5, part 2

³ APMS regulations, part 4, para 3

⁴ GMS regulations schd. 6, part 2, 29A and PMS regulations schd. 5, part 2, 28A

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- difficulties; and
 - any other information the contractor considers ought to be drawn to the attention of the AT.
- 25 The AT must acknowledge receipt of the application within seven days of its receipt and may request further information from the contractor to enable the AT to consider the application thoroughly.
- 26 With a view to possibly enabling the contractor to keep its list of patients open, the AT and the contractor must talk openly to establish:
- what support the AT may give the contractor; or
 - changes the AT or contractor may make.
- 27 The contractor or the AT, may at any time throughout these discussions invite the appropriate LMC to be included in the dialogue about the application.
- 28 The AT should consult with any persons that may be affected by the closure. ATs should consider that consultations should always be appropriate and proportionate to the individual circumstances of each case. ATs should provide the contractor with a summary of the views expressed by those consulted and allow the contractor the opportunity to consider and comment on all the information before making a decision on the application. A sample letter can be found at annex 4.
- 29 The contractor may withdraw the application at any time before the AT makes its decision on the proposed list closure.
- 30 The AT must make a decision, within a period of 21 days starting on the date of receipt of the application (or within such longer period as the parties may agree):
- to approve the application and determine the date the closure is to take effect and the date the list of patients is to reopen; or
 - to reject the application.
- 31 The AT must notify the contractor of its decision in writing as soon as possible.

Approval of patient list closure: closure notice

- 32 Where the AT has granted approval for closure of the patient list, a closure notice (annex 5) will be issued and must include:

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- the time during which the contractor's list of patients will be closed which must be:
 - the period specified in the application to close the list of patients;
or
 - in the case where the AT and contractor have agreed in writing a different period, that different period, and in either case, the period must be more than three months and up to 12 months;
- the date the closure of the list of patients takes effect;
- the date when the list of patients is to re-open; and
- clarification that the contractor may only accept an application for inclusion in its list of patients from a person who is an immediate family member of a registered patient.

33 The contractor must close the list on the date in the notice and the list should remain closed for the time specified unless the AT and the contractor agree that the list should be re-opened to patients before the expiry of the closure period.

Rejection of application for list closure

34 When the AT decides to reject an application (annex 6) to close a list of patients it must:

- provide the contractor with a notification including the reasons why the application was rejected; and
- at the same time, send a copy of the notification to any affected LMC for its area and to any person it consulted in the decision-making process.

35 When the AT decides to reject a contractor's application to close its list of patients, the contractor must not make a further application until:

- the end of the three-month period, starting on the date of the decision of the AT to reject; or
- the end of the three months, starting on the date of the final determination regarding a dispute arising from the decision to reject the application made pursuant to the NHS dispute resolution procedure (or any court proceedings), whichever is the later.

36 The NHS dispute resolution procedure is set out in the Managing disputes for primary medical services policy.

37 A contractor must not submit more than one application to close its list of patients in any period of 12 months starting on the date on which the AT makes its decision on the application, unless change of circumstances

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affects the contractor's ability to deliver services under the contract or their previous application has been rejected

Application to extend a closure period

- 38 A contractor wishing to extend an agreed closure period must submit an application to the AT no less than eight weeks before the closure period is due to end and the application must include:
- details of the options the contractor has considered, rejected or implemented in an attempt to relieve the difficulties encountered during the closure period or which may be encountered when the closure period expires;
 - the period of time when the contractor wishes its list of patients to remain closed (not more than an additional 12 months);
 - details of any reasonable support from the AT that the contractor considers would enable its list of patients to re-open or would enable the proposed extension of the closure period to be minimised;
 - details of any plans the contractor may have to alleviate the difficulties mentioned in the application to extend the closure period so the list of patients can reopen at the end of the proposed extension of the closure period without such difficulties; and
 - any other information the contractor considers ought to be drawn to the attention of the AT.
- 39 A sample template for completion by the contractor is attached at annex 7 with an example covering letter from the AT (annex 8).
- 40 The AT must acknowledge receipt of the application within seven days, then if necessary, discuss potential support that could be offered to the contractor, discuss with any affected LMC and consult other affected parties (annex 9), before reaching a decision on the application to extend within 14 days from receipt of the application.
- 41 Acceptance: If the decision is to accept the application (annex 10), the AT must issue an extended closure notice as soon as possible after the decision is reached to include:
- the time for which the contractor's list of patients will remain closed which must be:
 - the period specified in the application to extend the closure period; or
 - the different period agreed in writing between the AT and

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contractor to that specified in the application to extend the closure period. In either case, the extended closure period must be more than three months and less than 12 months;

- the date from which the extended closure period is to take effect; and
- the date on which the list of patients is to re-open.

42 Rejection: If the decision is to reject the application (annex 11) then the AT must:

- provide the contractor with a notification including the reasons for the rejection of the application; and
- at the same time, send a copy of the notification to the LMC for its area (if any) and to any person it consulted in the decision-making process.

43 The contractor may re-open its list of patients before the closure period expires if the AT and contractor agree.

44 Where an application for the extension of the closure period has been made in accordance with this policy, and that application has been rejected, the list of patients will remain closed until such time as any dispute arising from the application has been resolved through the NHS dispute resolution procedure (or any court proceedings) or until such time as the expiry of the original closure notice.

Assignment of patients

45 The AT may assign a new patient to a contractor:

- whose list of patients is open;
- whose list of patients is closed in certain circumstances; or
- through an NHS England assessment panel decision.

Assignment based upon the determination of an NHS England assessment panel

46 Where the AT has the need to assign a patient to a practice that has a closed list and most or all of the providers of essential services (or their equivalent) whose practice premises are within the locality of the AT have closed their lists of patients, the AT must:

- prepare a proposal to be considered by the assessment panel which must include details of those practices to which the AT

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wishes to assign patients.

- ensure that the assessment panel is appointed to consider and determine its proposal and the members of the assessment panel must include –
 - the AT Director of which the assessment panel is a committee or sub-committee;
 - a person representative of patients in an area other than that of the AT which is a party to the contract;
 - a person representative of the Local Medical Committee(LMC) which does not represent practitioners in the area of the AT which is a party to the contract.

47 It is best practice for each AT to prepare and maintain a list of potential representatives to take part in assessment panel decisions when they arise. It would be possible to then use this list to assist neighbouring ATs in establishing assessment panels that require out of area representation.

- 48
- notify in writing –
 - NHS England
 - the LMC for the area of the AT and
 - any contractors whose practice premises are within the AT's area which have closed their list of patients and may, in the opinion of the AT be affected by the determination of the assessment panel

that it has referred the matter of patient assignment to the assessment panel.

49 In reaching its determination, the assessment panel shall have regard to relevant factors including –

- whether the AT has attempted to secure the provision of essential services (or their equivalent) for new patients other than by means of their assignment to contractors with closed lists of patients; and
- the workload of those contractors likely to be affected by any decision to assign such patients to their list of patients.

50 The assessment panel shall reach a determination within the period of 28 days beginning with the date on which the panel was appointed.

51 The assessment panel shall determine whether the AT may assign patients to practices which have closed their lists of patients; and if it determines that the AT may make such assignments, it shall also

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determine those practices to which patients may be assigned.

The assessment panel may determine that the AT may assign patients to practices other than those practices specified by the AT in its proposal, as long as the practices were notified during the preparation stages of the assessment panel being held.

- 52 The assessment panel's determination must include the factors considered by the panel and be made in writing to:
- the NHS England; and
 - those practices which were notified during the preparation stage of the assessment panel being held.
- 53 Full details about this process are in the Policy for managing patient assignments

NHS dispute resolution procedure relating to determinations of the AT assessment panel

- 54 Where an assessment panel makes a determination that the AT may assign new patients to contractors which have closed their lists of patients, any contractor specified in that determination may refer the matter to the Secretary of State to review the determination of the assessment panel.
- 55 Full details of this process can be found in the policy for *Managing disputes for primary medical services*.

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Annex 1: abbreviations and acronyms

A&E	accident and emergency
APHO	Association of Public Health Observatories (now known as the Network of Public Health Observatories)
APMS	Alternative Provider Medical Services
AT	area team (of NHS England)
AUR	appliance use reviews
BDA	British Dental Association
BMA	British Medical Association
CCG	clinical commissioning group
CD	controlled drug
CDAO	controlled drug accountable officer
CGST	NHS Clinical Governance Support Team
CIC	community interest company
CMO	chief medical officer
COT	course of treatment
CPAF	community pharmacy assurance framework
CQC	Care Quality Commission
CQRS	Calculating Quality Reporting Service (replacement for QMAS)
DAC	dispensing appliance contractor
Days	calendar days unless working days is specifically stated
DBS	Disclosure and Barring Service
DDA	Disability Discrimination Act
DES	directed enhanced service
DH	Department of Health
EEA	European Economic Area
ePACT	electronic prescribing analysis and costs
ESPLPS	essential small pharmacy local pharmaceutical services
EU	European Union
FHS	family health services
FHS AU	family health services appeals unit
FHSS	family health shared services
FPC	family practitioner committee
FTA	failed to attend
FTT	first-tier tribunal
GDP	general dental practitioner
GDS	General Dental Services
GMC	General Medical Council

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GMS	General Medical Services
GP	general practitioner
GPES	GP Extraction Service
GPhC	General Pharmaceutical Council
GSMP	global sum monthly payment
HR	human resources
HSE	Health and Safety Executive
HWB	health and wellbeing board
IC	NHS Information Centre
IELTS	International English Language Testing System
KPIs	key performance indicators
LA	local authority
LDC	local dental committee
LETB	local education and training board
LIN	local intelligence network
LLP	limited liability partnership
LMC	local medical committee
LOC	local optical committee
LPC	local pharmaceutical committee
LPN	local professional network
LPS	local pharmaceutical services
LRC	local representative committee
MDO	medical defence organisation
MHRA	Medicines and Healthcare Products Regulatory Agency
MIS	management information system
MPIG	minimum practice income guarantee
MUR	medicines use review and prescription intervention services
NACV	negotiated annual contract value
NCAS	National Clinical Assessment Service
NDRI	National Duplicate Registration Initiative
NHAIS	National Health Authority Information System (also known as Exeter)
NHS Act	National Health Service Act 2006
NHS BSA	NHS Business Services Authority
NHS CB	NHS Commissioning Board (NHS England)
NHS CfH	NHS Connecting for Health
NHS DS	NHS Dental Services
NHS LA	NHS Litigation Authority
NMS	new medicine service
NPE	net pensionable earnings
NPSA	National Patient Safety Agency

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OJEU	Official Journal of the European Union
OMP	ophthalmic medical practitioner
ONS	Office of National Statistics
OOH	out of hours
PAF	postcode address file
PALS	patient advice and liaison service
PAM	professions allied to medicine
PCC	Primary Care Commissioning
PCT	primary care trust
PDS	personal dental services
PDS NBO	Personal Demographic Service National Back Office
PGD	patient group direction
PHE	Public Health England
PLDP	performers' list decision panel
PMC	primary medical contract
PMS	Personal Medical Services
PNA	pharmaceutical needs assessment
POL	payments online
PPD	prescription pricing division (part of NHS BSA)
PSG	performance screening group
PSNC	Pharmaceutical Services Negotiating Committee
QOF	quality and outcomes framework
RCGP	Royal College of General Practitioners
RO	responsible officer
SEO	social enterprise organisation
SFE	statement of financial entitlements
SI	statutory instrument
SMART	specific, measurable, achievable, realistic, timely
SOA	super output area
SOP	standard operating procedure
SPMS	Specialist Personal Medical Services
SUI	serious untoward incident
UDA	unit of dental activity
UOA	unit of orthodontic activity

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Annex 2: Example application to close patient list – sample template for completion by contractor

Application to close patient list

Practice stamp



Please complete the following:

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

.....
.....
.....
.....

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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?

.....
.....
.....

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?

.....
.....
.....

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?

.....
.....
.....

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)

.....
.....

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?

.....
.....
.....

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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?

.....
.....
.....

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

.....
.....
.....

Please note that this application does not concert any obligation on the NHS England 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:

.....

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Signed:

.....

Print:

.....

Date:

.....

Signed:

.....

Print:

.....

Date:

.....

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Annex 3: Example application to close patient list – sample letter from AT to contractor

[*date*]

Dear [*name*]

Application to close patient list

Please find attached an application form to close your patient list to be completed and returned for consideration by the area team.

The area team will acknowledge your completed application in writing within seven days of receipt.

While considering your application, the area team may consult with the local medical committee and any others affected by the closure, such as your registered patients, other local practices, local pharmacists and so on. Their views will be provided to you for consideration and comment before a final decision is taken. This decision will be notified to you within 21 days of receipt of your completed application template.

It is your right to withdraw your application for list closure at any time before the final decision is made.

Yours sincerely

[*name*]

[*title*]

Cc: Local medical committee

Enc. Application form

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Annex 4: Example consultation letter from AT to affected parties

This letter could be used to seek the views of all locally affected parties such as neighbouring practices.

[*date*]

Dear [*name*]

Application to close patient list [*name of practice applying for closure*]

I am writing regarding [*practices name*] application to the area team to close its patient list to new registrations for _____ [*period requested*].

Before taking a decision, I would like to provide you with the opportunity to express your views about this proposal. Please provide any comments by no later than [*date for return seven days from date of this letter*].

All your comments/views received will be shared with the practice so that it may provide further comment, before a final decision is taken.

Once a decision is made about this application, you will receive a copy of the outcome letter to the practice.

Yours sincerely

[*name*]

[*title*]

Cc: Local Medical Committee

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Annex 5: Approval – example closure notice

[*date*]

Dear [*name*]

Closure notice

The area team has approved your application to close your patient list for a period of _____ [*either that period originally requested or subsequently discussed and agreed with the contractor*] starting on [*start date*].

Based upon this closure notice, your list of patients will re-open on [*date*].

You must close your list on the date specified above and should you wish to re-open your patient list, before the end of this closure notice. This must be agreed with the area team in advance. While closed, you may only accept an application for inclusion on your list from a person who is an immediate family member of a registered patient.

If you wish to apply to extend the closure of your patient list, your application must be received no less than eight weeks before this closure notice is due to end. A copy of the application template may be requested from the area team should it be required.

Yours sincerely

[*name*]

[*title*]

Cc: Local medical committee and any parties contacted during consultation

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Annex 6: Rejection – example letter

[*date*]

Dear [*name*]

Application to close patient list

The area team has rejected your application to close your practice list because:

[*reasons*]

Please note you can't make a further application to close your patient list until [*date, three months from date of this letter*] or should you wish to dispute this decision, three months from the date of any final determination arising from your dispute, whichever is the later.

If you do wish to dispute this decision, please make your representations to [*contact details*].

Yours sincerely

[*name*]

[*title*]

Cc: Local medical committee and any other parties contacted during consultation

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Annex 7: Example application to extend a closure period – sample template for completion by contractor

**Application to extend closure period
(Application must be submitted no less than eight weeks before the end of the current closure notice)**

Practice stamp



Please complete the following:

What options have you considered, rejected or implemented in an attempt to relieve the difficulties encountered during the closure period or which may be encountered when the closure period expires?

.....
.....
.....

How long do you wish your closure notice to be extended by? This must be for more than three months and less than 12 months.

.....
.....
.....

Is there any reasonable support the AT would be able to offer, which would enable your list of patients to re-open at the end of the current closure period?

.....
.....
.....

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Do you have plans to alleviate the difficulties you are experiencing during your closure that could be implemented during the proposed extension period? These plans would ensure your list of patients re-opens at the end of the extended period without such difficulties.

.....
.....
.....

Do you have any other information for the AT regarding this application?

.....
.....
.....
.....

Please note that this application does not concert any obligation on the NHS England 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:

.....

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Annex 8: Example application to extend a closure period – sample letter from AT to contractor

[*date*]

Dear [*name*]

Application to extend closure period

Please complete the enclosed application form to extend your current closure notice and return it for consideration by the area team.

The area team will acknowledge your application in writing within seven days of receipt

While considering your application, the area team may consult with the local medical committee and any others affected by the closure, such as your registered patients, other local practices, local pharmacists and so on. Their views will be provided to you for consideration and comment before a final decision is taken. This decision will be notified to you within 14 days of receipt of your completed application template.

It is your right to withdraw your application for list closure at any time before the final decision is made.

Yours sincerely

[*name*]

[*title*]

Cc: Local medical committee

Enc. Application form

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Annex 9: Example consultation letter from AT to affected parties regarding application for extension

[*date*]

Dear [*name*]

Application to extend closure notice [*name of practice applying for closure*]

Your practice has applied to the area team to extend the period of time its patient list will remain closed to new registrations. The practice has requested the patient list remain closed for a further period of [*period requested*] running from the date their current closure notice ceases: _____ [*date*].

Before making a decision, I would like to provide you with the opportunity to express your views about this proposal. Please provide any comments by no later than [*date for return, four days from date of this letter*].

All comments/views received will be shared with the practice so it can provide further comment before a final decision is taken.

Once a decision is made, you will receive a copy of the outcome letter to the practice.

Yours sincerely

[*name*]

[*title*]

Cc: Local medical committee

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Annex 10: Approval – example extended closure notice

[*date*]

Dear [*name*]

Extended closure notice

The area team has approved your application to extend the period of patient list closure, which will be for a period of [*either that period originally requested or subsequently discussed and agreed with the contractor*] starting on [*date*].

Throughout this further closure period, you may only accept an application for inclusion on your list from a person who is an immediate family member of a registered patient.

Based upon this extended closure notice, your list of patients will re-open on [*date*].

You must close your list on the date specified above. Should you wish to re-open your patient list before this closure notice ends, this must be agreed with the area team in advance.

Yours sincerely

[*name*]

[*title*]

Cc: Local medical committee and any other parties contacted during consultation

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Annex 11: Rejection of extended closure – example letter

[*date*]

Dear [*name*]

Application to close patient list

The area team has rejected your application to extend the period of patient list closure because:

[*reasons*]

If you wish to dispute this decision, please make your representations to [*contact details*].

Yours sincerely

[*name*]

[*title*]

Cc: Local Medical Committee and any other parties contacted during consultation

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Version control tracker

Version Number	Date	Author Title	Status	Comment/Reason for Issue/Approving Body
01.00	March 2013	Primary Care Commissioning	Approved	New document
01.01	June 2013	Primary Care Commissioning	Approved	Reformatted into NHS England standard

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NHS England
Managing closed lists

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