# Introduction

## The exit plan is a list of processes to manage the exit of any contractor from performing a service.

## This should be developed in accordance with the terms of the contract as a minimum.

## The exit plan comes into effect as the notice to cease the service is issued by the Commissioner and a joint exit group should be established comprising staff of both parties to manage the contract coming to an end. The role of the joint exit group will be to manage all activities to ensure a smooth culmination of the contract or transition to a new provider, where appropriate.

## Unless it is set out within the contract, there is no obligation on behalf of the contractor to comply with the establishment of a joint exit group; however a joint approach would be in the best interest of their registered population/service users.

# Template Exit Plan

## This template exit plan is for use where no exit arrangements are set out within the contract.

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| --- | --- | --- | --- |
| Areas for consideration | Details of tasks to be undertaken | Timescales | Responsible lead |
| 1. Clinical
 | Up-to-date clinical summaries for all patients; referrals and transfer of care; prescriptions; test results; patient related communications |  |  |
| 1. Workforce
 | Consideration of staffing issues – if contract ceasing, the responsibility regarding the staff would normally sit with the contractor. If the service is to transfer to a new provider, TUPE may apply |  |  |
| 1. Documentation and records
 | All relevant documentation and records will be transferred to the relevant primary care support services organisation or the new provider, whichever is applicable.See note belowThe transfer of records must be conducted in accordance with NHS security requirements. |  |  |
| 1. IM&T
 | All relevant electronic documentation and records held by the contractor are to be transferred in a recognised industry-standard computer format to the relevant primary care support services organisation or the new provider whichever is applicable See note belowThe transfer of records must be conducted in accordance with NHS security requirements.Licences should be transferred where possible  |  |  |
| 1. Premises
 | Consideration of the practice premises and whether the premises will cease to be used or whether arrangements could be negotiated with the new providerAn inspection of the premises must be conducted to ensure that no records or equipment are left behind. |  |  |
| 1. Equipment
 | Consideration of any IT hardware or other equipment held by the contractor that requires return to the relevant owner. Full stock list should be compiled defining which items will be remaining.The transfer or disposal of equipment must be conducted in accordance with NHS security requirements. |  |  |
| 1. Facilities
 | Consideration of any existing facilities contracts and whether these will cease or transfer to a new provider |  |  |
| 1. Patient and Public involvement
 | Consideration of the needs to engage and inform throughout. |  |  |
| 1. Drugs
 | Practice held drugs will need to be disposed of but are technically likely to be owned by the contractor whose contract is terminating. The Commissioner should seek assurances about the safe and effective disposal of such drugs. |  |  |
| 1. Other
 | As required |  |  |

Note on the transfer of records;

In accordance with *the National Health Service (General Medical Services contracts) Regulations 2015, Regulation 67(4), where the patient's records are computerised records, the contractor must, as soon as possible following a request from [the Commissioner], allow [the Commissioner] to access the information recorded on the computer system on which those records are held by means of the audit function referred to in paragraph (3)(b) to the extent necessary for [the Commissioner] to confirm that the audit function is enabled and functioning correctly.*

Practices using GP2GP (versions approved for full record transfer) can take advantage of the enhanced functionality by stopping the need to provide a computer printout. The process reports to the sending practice, confirmation of receipt of the full electronic record. In that case it is not necessary for the sending practice to printout copies of any of the computerised records. Practices need approval from the Commissioner for this. The Commissioner needs to be assured that due process has been undertaken by the sending practice. Providing sending practices comply with the full GP2GP V2 software and processes NHS England can be confident. Requests by practices using version 2.2 to stop paper printouts should normally be agreed.

* The sending practice should follow normal practice in reviewing records before they are transferred to ensure they are accurate and complete;
* Sending Practices must confirm, using the GP2GP functionality, that the requesting practice system has successfully received the full patient record with no missing attachments.
* Sending practices must [print any attachments that haven’t transferred](https://supportcentre.emishealth.com/help/workflow-manager/gp2gp/gp2gp-introduction/#print+attachments+that+did+not+transfer) during the GP2GP process and add these to the Lloyd George notes and send to the receiving practice.

Any practice that continuously encounters problems receiving full records should make the matter know to its ICB in order to ensure that appropriate action is taken, whether at the level of the previous practice or the ICB, as appropriate. Please bring any unresolved issues to the attention of the LMC