

Practice Name: Monument Surgeries – Pennywell Branch

Date of Branch Closure 31 May 2022

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts
	Decision to terminate		CCG		
1.1 Communication	Develop patient letters x 4	01/02/22 15/03/22 12/04/22 03/05/22	NHS England Sign off by CCG	Letter 1 – informing practice will be closing Letter 2 – reminder to re-register before closure Letter 3 – further reminder including allocation statement Letter 4 - informing practice now closed NOTE Vulnerable patients who have not re-registered are allocated and sent a specific letter by date of closure to inform they will be allocated within 1 week of practice closure. All remaining patients will be allocated within one month post-closure UNLESS they inform they want to remain with Monument Surgeries	Mailing House
	Develop stakeholder letters x 2	01/02/22 28/04/22	NHS England Sign off by CCG	Letter 1 – informing practice will be closing Letter 2 – informing practice now closed	Mailing House
	Hold meeting with local practices	04/02/22	CCG	To inform of decision (embargoed information) and to inform of process of dispersal and extraordinary policy	
	Distribute letter 1 to patients Distribute letter 2 to patients Distribute letter 3 to patients Distribute letter 4 post closure	03/02/22 17/03/22 14/04/22 05/05/22	NHS England		Mailing House
	Distribute letter 1 to stakeholders Distribute letter 2 to stakeholders	03/02/22 02/05/22	NHS England/ CCG	CCG to send to local stakeholders	
	Message to be put onto practice telephone.	14/02/22	Practice	Wording to include: <ul style="list-style-type: none"> <li>Indicate surgery closing / when closed</li> <li>Inform patient to re-register – contact given for PCSE</li> </ul>	PCSE

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				<ul style="list-style-type: none"> <li>• Inform of support available from the practice to re-register elsewhere</li> <li>• Out of Hours number to remain available</li> <li>• Healthwatch number</li> </ul>	Healthwatch
	Notice on practice & local pharmacy doors	14/02/22	Practice	Wording to include: <ul style="list-style-type: none"> <li>• Indicate surgery closing / when closed</li> <li>• Urge patients to re-register before closing date / not to wait until unwell</li> <li>• Provide NHS Choices website details for "Services Near You"</li> </ul>	
	Update provider / practice website contents / links	14/02/22	Practice		
	Practice to inform landlord	14/02/22	Practice		
	Update NHS Choices	June 2022	Practice	Once practice is closed	
	Print out summary records from computer record for those registering elsewhere  <b>PATIENT SAFETY ISSUE:</b> summary records MUST be printed before practice closes if not GP2GP transfer	Ongoing	Practice	Practice to print summary records and include within medical records before delivery to PCSE. GP2GP transfer should negate need for paper copy, however E-mis records limited to 5MB or 99 attachments Mop up exercise to print shorter summaries	
1.2 Records	Transfer medical records to PCSE	If applicable	Practice	File and box alphabetically; must be inclusive of summary record Send by regular courier; may need to arrange ad hoc / additional courier runs	
	Patient deductions from clinical system ongoing	If applicable	Practice/PCSE		
	Post termination: Transfer of summaries quickly to practices	If applicable	PCSE	Courier collection to be arranged	

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	<ul style="list-style-type: none"> <li>NB Assumes new provider / patient records transferred already.</li> </ul>				
	PCSE to add end date to the Exeter system and maintain the pool of list (branch and main sites) for an agreed period (usually 3 months) until patients registered elsewhere	31/05/22	PCSE	Where patients not yet registered, summaries held by SGPA until allocation is complete unless they do not wish to remain registered – in this case PCSE will hold records	
1.3 Prescriptions	Practice to ensure patients collect pre-ordered prescriptions	31/05/22	Practice		
	Identify patients on repeat medications, when due and frequency of issue – prescriptions to be issued with consideration given to type of meds and period for prescribing	28/02/22	Practice	Practice to advise patients on repeat prescriptions that no further repeats will be issued and that patient needs to re-register with another GP practice. "Review complete" patients provided with extra prescriptions.	
	Process requests for urgent medication	31/05/22	Practice		
	Identify patients on NOMADS	28/02/22	Practice		
1.4 Lab links	Review pathology and x-ray results – regular reviews until contract closedown	Ongoing	Practice	Practice to provide assessments to PCSE for secure storage	
	Establish process for dealing with tests requiring urgent treatment / further investigation	Ongoing	Practice	Patients requiring routine tests will be requested to register with another practice. Urgent tests to be undertaken where deemed clinically necessary.	
1.5 Patient Referrals	Ensure all referral letters have been typed and sent to relative departments	Ongoing	Practice		
	Check all 2 week referrals have been processed	Ongoing	Practice		

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	Process all outstanding Choose and Book referrals	Ongoing	Practice	Patients to be advised to re-register with another GP and notify Hospital.	
1.6 Continuity of care for at risk patients/ Immediately necessary care.	<p>Identify “at risk” patients and facilitate registration with alternative GP in advance of close down, and ensure any at risk / vulnerable patients are allocated to a new GP (i.e. if practice closes before patients able to be transferred to new GP)</p> <ul style="list-style-type: none"> <li>Practice to be in regular contact with relevant organisations incl: MacMillan nurses, midwives, MH Trust, Social Teams etc</li> <li>AT to receive daily reports of current patient numbers and vulnerable patients.</li> <li>At risk patients identified on right and prioritised as Priority 1, 2, or 3:</li> </ul>	28/02/22	Practice		
				Priority 1: Patients on QOF registers – Cancer/CHD/CKD stage 3 / Mental Health / COPD – moderate and very severe / Dementia	
				Priority 1: Patients admitted to hospital frequently. (CHD, Diabetes, CKD, HF, Stroke, Asthma)	
				Priority 3: Patients due screening (ie smears/catch up programmes etc)	
				Priority 1: Patients with identified disability including blind and partially sighted.	
				Priority 1: Patients with carer responsibilities	
				Priority 2: Patients on four or more repeat medications.	
				Priority 1: Terminally ill/palliative care patients	
				Priority 1: Housebound patients	
				Priority 2: Pregnant women	
				Elderly 75+ Priority 1 – 85y+ Priority 2 – 80y – 84y Priority 3 – 75y – 79y	
				Priority 1: Patients in nursing homes	
				Priority 2: New-born babies - List of 6 week baby checks and vac and immunisations to be forwarded to child health to contact and advise patients to register immediately	
				Priority 2: Patients Discharged from Hospital	
				Priority 1: Child Protection and domestic abuse	
				Priority 1: Patients with learning difficulties.	
				Priority 1: Patients on Nomads	

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	Hold weekly meetings to review patient registrations and contact key contacts to establish progress.	01/02/22	Practice and NHS England	Priority 1 patients will be checked on a weekly basis and contacted if not registered. Priority 2 patients to be checked every 2 weeks and priority 3 patients to be checked every 3 weeks.	
2.1 Staff Comms	Inform staff of current situation and options.	07/02/22	Practice		
3.1 Inventory of all equipment	Establish any NHS England /CCG assets <ul style="list-style-type: none"> <li>• Stock take of drugs</li> <li>• Appliances</li> <li>• Stationery</li> <li>• office equipment</li> <li>• photocopier</li> </ul>	31/03/22	Practice		
	Establish any practice assets <ul style="list-style-type: none"> <li>• Drugs</li> <li>• Appliances</li> <li>• Stationery</li> <li>• office equipment</li> <li>• photocopier</li> <li>• IT</li> </ul>	31/03/22	Practice	Practice to ensure there is no data held on hard drives for any equipment being removed.	
3.2 Removal of drugs / prescription pads /	Inventory and destruction of drugs. Liaise with medicines optimisation.	31/05/22	Practice	Emergency drugs only retained. Practice will retain drugs within date.	
	Prescriptions to be returned to NHSE; must record on site serial numbers of Px pads, witnessed by practice staff. Px pads to then be securely destroyed.	01/06/22	Practice	Practice to retain 1 pad for contingency until day of closure.	

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	All fit notes/controlled documents returned to NHS England.	01/06/22	Practice	To go by courier.	
	All dressings etc to be removed / destroyed	01/06/22	Practice		
	Identify any Oxygen cylinder in surgery / liaise with supplier to give notice for return.	28/02/22	Practice	Return post closure	
3.3. Security	Establish who holds keys and arrange return to NHS Property Services Ltd on day of closure	28/02/22	Practice / NHS PS		
3.4 Removal of other administrative forms etc.	Removal of death certificate books.	01/06/22	NHS England	Unused / partially used death certificate books to be returned to Registrars' office.	
	Removal of unused cremation forms			Registrars' office also	
	Hospital referral forms/blood forms			All other docs to be securely destroyed by the practice	
4. IT	<ul style="list-style-type: none"> <li>Establish process for accessing IT system, including clinical system</li> <li>Set up data sharing agreement and contract with local practice</li> <li>Securing IT equipment</li> <li>Switch off lab links</li> <li>Investigate implications for choose and book?</li> <li>Need to identify data controller</li> <li>Caldicott Guardian = MD</li> </ul>	28/02/22	NHS England and Practice and NECS	Contact NECS regarding IT systems and request quote.	
5.1 The	CV to be issued to remove branch surgery from contract	28/02/22	NHS England		

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	Establish alternative means to contact Practice	28/02/22	NHS England		
5.2 Neighbouring Practices	Review of PCSE data to confirm which local practices are registering dispersed patients	Ongoing	NHS England/C CG		
5.3 H&W Scrutiny	Liaise with Health and Wellbeing Scrutiny Committee	March 2022	CCG		
5.4 LMC	Ensure LMC informed of decision	07/02/22	NHS England/C CG/		
5.5 Comms team	Media release re closure	03/02/22	Comms Team, CCG	Reactive statement to be written in preparation	
	Proactive press release	03/02/22	Comms Team, CCG	To be released 09 February 2022	
5.6 FT/ s Provider arm/	District Nurses/Health Visitors to be notified to liaise with patients on caseload.	31/03/22	Practice	Included as part of stakeholder notification. Practice to liaise with midwifery team regarding the re-registering of patients.	
	Palliative care manager to be informed to liaise with nurses.	31/03/22	Practice		

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	Common Mental Illness – all mental health workers to be notified and liaise with patients.	31/03/22	Practice	MH workers and local MH Trust to be notified by the practice	
	Severe and Enduring Mental Health	31/03/22	Practice	As below advise for practice cohort.	
	Mental Health Trust	31/03/22	Practice	Practice to liaise with the local MH Trust MH Trust to be included in stakeholder notifications	
	Midwifery	31/03/22	Practice	Practice to liaise with the midwifery team regarding proactive re-registering of patients.	
	Business Managers at FTs to be informed - as part of stakeholder notification inc. community services director.	31/03/22	Practice		
5.7 Health watch	Inform Healthwatch of issue as part of stakeholder consultation, and to expect large numbers of phone calls	03/02/22	CCG		
5.8 PCSE	Update patient lists / practice information	31/05/22	PCSE		
5.9 Notify other agencies	Need to notify OOH re practice closure	07/02/22	CCG and NHS England		
	Local Pharmacies				
	PCN CDs				
	PCSE				
	Relevant departments in NHS England, Public Health England				
	Local Hospitals				
	Business Services Authority (BSA)				
	Home Oxygen				

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6.1 Invoices /Bills	Ensure all outstanding invoices / bills are paid to date. (Equipment / drugs, stationery, telephone)	01/06/22	NHS England Finance		
6.2 Rent / Rates / Service Charge	Stop charges for rent/rates	01/06/22	NHS England Finance		
7.1 Telephone system	Establish when will phones be switched off (3 months from close date recommended)	If applicable	Practice		
7.2 Post & clinical correspondence	Establish arrangements for receiving and handling received hospital letters etc:	28/02/22	Practice	Patients will remain with Monument Surgeries until allocation is complete so SGPA will manage all correspondence	
	Establish process for future hospital letters / post	28/02/22	Practice	Correspondence to go to new practice once patient re-registered. If patient fails to re-register, correspondence will remain with SGPA.	

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7.3 Courier	Inform courier services via PCSE	28/02/22	NHS England		
7.4 Medical Reports	Ensure that all reports for CMO are identified, completed and processed where possible.	31/05/22	Practice		
	Ensure all other private insurance reports, i.e. passports, holiday cancellations, solicitors reports are identified and processed.	31/05/22	Practice		
7.5 Other Data	Remove all other confidential data and files, electronic and hard copy, in line with practice's Information Governance protocols	31/05/22	Practice		