

Agenda Item 6.1 Report on the GP Partnership, Dr J Ahmed and Dr J Allinson

Wed 29 January 2025, 11:30 - 17:00

Conference Centre, St Cadoc's Hospital



Agenda

1. Agenda Item 6.1 Report on the GP Partnership, Dr J Ahmed and Dr J Allinson

Attachment *Chief Executive*

- 📄 [Agenda_Item_6.1_GP Partnership Update.pdf \(12 pages\)](#)
- 📄 [Agenda_Item_6.1_Appendix 1 Vacant Practice Process.pdf \(18 pages\)](#)
- 📄 [Agenda_Item_6.1_Appendix 2 Sustainability Assessment Framework.pdf \(12 pages\)](#)
- 📄 [Agenda_Item_6.1_Appendix 3 Relationship to eHarley Street Primary Care Solutions.pdf \(1 pages\)](#)

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 January 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Report on the GP Partnership, Dr J Ahmed and Dr J Allinson
CYFARWYDDWR ARWEINIOL: LEAD:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Lloyd Hambridge, Divisional Director of Primary Care, Community Services, and Complex and Long Term Care Rachel Prangle, Head of Primary Care Kay Morris, Business Partner Accountant

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an updated overview of the current concerns in respect of multiple General Medical Services (GMS) contracts held by a single partnership within Aneurin Bevan University Health Board. The report also details steps taken to mitigate those concerns to date, in order to ensure patient safety and maintain access to services as a priority.

Additionally, the current position and approach moving forward is outlined; the Board is requested to consider and ratify the approach.

Cefndir / Background

The Health Board is responsible for providing General Medical Services (GMS) to residents throughout Aneurin Bevan University Health Board and commissions services from independent contractors through The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023.

There are currently 68 General Practices that are responsible for providing care to patients between 08:00 and 18:30 Monday to Friday. Outside of these “core hours”, access to medical care is provided by the Health Board’s Out of Hours Service, operating between 18:30 and 08:00 each weekday evening and throughout weekends and Bank Holidays.

The GP partnership of Dr Allinson and Dr Ahmed currently holds a number of General Medical Services (GMS) contracts within the Aneurin Bevan University Health Board Area, 5 of which were previously directly managed (MP) by the Health Board:

- Tredegar Health Centre (MP);
- Aberbeeg Medical Practice (MP);
- Brynmawr Medical Practice (MP);
- Bryntirion Surgery (including Markham Branch Surgery) (MP);
- Blaenavon Medical Practice (MP);
- Meddygfa Gelligaer Surgery;
- Pontypool Medical Centre; and
- Lliswerry Medical Practice.

The contracts for the practices are all standard NHS Wales GMS Contracts, with Dr Allinson and Dr Ahmed as the named GP partnership to the contract. Whilst the individual contracts for each of these practices are all standard NHS Wales GMS Contracts, Dr Allinson and Dr Ahmed's operating model differs from most other Partnerships in that the named partners are not routinely providing frontline care at the practices and the delivery of some of their back-office functions is provided by a central team employed by e-Harley Street Primary Care Solutions.

The GP partners joined the existing partnerships of Lliswerry Medical Practice and Meddygfa Gelligaer Surgery independent of the Health Boards involvement. The GMS contracts for Tredegar Health Centre, Aberbeeg Medical Practice, Brynmawr Medical Practice, Bryntirion Surgery, Blaenavon Medical Practice and Pontypool Medical Centre were awarded following the Health Board Vacant Practice Policy (Appendix 1).

Contract Award Vacant Practice Process

The Welsh Health Circular (2006) *063 General Medical Services Practice Vacancies – A Guide to Good Practice*, provides advice to Health Boards on the recruitment of General Practitioners and the steps they should follow when considering the future of vacant practices. The WHC (2006) 063 details the process to be followed and suggests a Vacant Practice Panel is developed to manage the process.

The Vacant Practice Policy (VPP), Appendix 1, has been developed for ABUHB, in line with the WHC (2006) 063 recommendations, and outlines the process for the Vacant Practice Panel to provide recommendations to the Executive Committee, and if supported by the Executive Committee, the process for reporting to the Board. The panel membership includes independent members of the panel, Llais and Gwent Local Medical Committee Representatives. The VPP also details the need for an action plan to support the incoming partnership.

In addition to the VPP, The National Health Service (Performers Lists) (Wales) Regulations 2004 require Health Boards to prepare and publish a Medical Performers List (MPL) of all GPs approved by the Health Board for the purposes of assisting in the provision of primary medical services. A GP is not eligible to assist in the provision of primary medical services unless his or her name is included in a medical performers list, and the application follows a robust vetting process which includes assessment of qualifications, professional experience, references, and the completion of the Disclosure and Barring Service (DBS) by NWSSP. Dr Allinson and Dr Ahmed joined the MPL on 01/08/22 and 01/11/22 respectively, as a requirement to join the partnership at Lliswerry Medical Practice.

For the purpose of independent scrutiny, the Health Board has commissioned an internal audit of the Vacant Practice Policy and its application to these contracts.

Pontypool Medical Centre

The Health Board received GMS contract resignations from both The Mount Surgery, effective 31 July 2023, and Churchwood Surgery, effective 30 September 2023. Both practices are situated in Pontypool Medical Centre.

Following the implementation of the VPP, both contracts were awarded in full to Dr J Ahmed & Dr J Allinson of Llisbury Medical Practice, the Mount Surgery from the 1 August 2023 and Churchwood Surgery from the 1 October 2023.

Aligned with the transfer of Churchwood Surgery, Dr Ahmed & Dr Allinson merged the GMS contracts for The Mount Surgery and Churchwood Surgery from 1 October 2023, forming Pontypool Medical Centre with a combined list size of circa 18,000 patients.

The practice has maintained all three sites, with Pontypool Medical Centre being the main site and Goytre and New Inn as branch surgeries.

Health Board Managed Practices

A report outlining options for consideration of the return of the 5 Managed Practices to Independent Contractor status was considered and agreed by the Primary Care and Community Division Senior Leadership Team on the 14 June 2023.

On the 22 June 2023 the Executive Committee considered the proposal and formally approved the recommendation to advertise the Managed Practices in a phased approach. The VPP was followed for both rounds of recruitment (Appendix 1).

In line with HR processes, a consultation exercise commenced with all existing employed staff within the five practices, detailing the potential change in employment.

Tredegar Health Centre

Initially, an advert for the GMS contract of Tredegar Health Centre was placed in the BMJ week commencing 24 July 2023 and circulated locally to practices within the Aneurin Bevan University Health Board area, inviting applications for the management and delivery of general medical services at Tredegar Health Centre. The practice was advertised locally and nationally with a final closing date for full business cases to be submitted from applicants by 19 September 2023. The Health Board received three business cases; all were shortlisted and invited to interview. The Interview Panel was held on 5 October 2023, with membership in line with the VPP.

Based on the outcome of the interview, it was recommended that the full GMS Contract be awarded to Dr Allinson and Dr Ahmed of Llisbury Medical Centre. This would result in the current services continuing to be delivered and all staff subject to Transfer of Undertakings (Protection of Employment) (TUPE). This was ratified by the Executive Committee on 30 October 2023.

Aberbeeg Medical Practice, Brynmawr Medical Practice, Bryntirion Surgery and Blaenavon Medical Practice

Following the successful award of Tredegar Health Centre, as agreed by the Executive Team, an advert for the remaining four managed practice GMS contracts was placed in the BMJ on 28 October 2023 and circulated locally to practices within the ABUHB, inviting applications for the management and delivery of general medical services at each practice. The deadline date for submission of business case proposals was midday on Friday 24 November 2023. Two applications were received for Brynmawr Medical Practice and one application for Aberbeeg

Medical Centre, Blaenavon Medical Practice and Bryntirion Surgery and all were shortlisted. The Interview Panel was held on Monday 11 December 2023, with membership in line with the VPP.

Based on the outcome of the interview, which included the strong support of the independent members of the panel, Llais and Gwent Local Medical Committee Representatives, it was recommended that the full General Medical Services Contract for each of the four managed practices be awarded to Dr Allinson and Dr Ahmed of Pontypool Medical Centre and Lliswerry Medical Centre. This would result in the services continuing to be delivered across all sites and all staff subject to TUPE from 1 April 2024. This was ratified by the Executive Team on 21 December 2023.

Contract Award Timeline

- 14 June 2023: Managed Practice options paper considered by divisional Senior Leadership Team
- 22 June 2023: Options paper considered by Executive Team
- 24 July 2023: Tredegar Health Centre advertised
- 5 October 2023: Tredegar Health Centre Interview Panel
- 28 October 2023: Blaenavon, Brynmawr, Aberbeeg and Bryntirion advertised
- 30 October 2023: Tredegar Health Centre outcome ratified by Executive Team
- 11 December 2023: Blaenavon, Brynmawr, Aberbeeg and Bryntirion Interview Panel
- 21 December 2023: Blaenavon, Brynmawr, Aberbeeg and Bryntirion ratified by Executive Team
- 1 January 2024: Tredegar Health Centre transferred
- 24 January 2024: Outcome for all reported to Board
- 1 April 2024: Blaenavon, Brynmawr, Aberbeeg and Bryntirion transferred
- October 2023 - September 2024: Series of transition support meetings and assurance meetings

For the GMS contracts awarded through the VPP, a post-award process was followed which included a robust 'action plan' being followed with a series of transition meetings undertaken to support the incoming partnership and subsequent assurance meetings following the agreed hand over dates.

	Transitional Meetings	Assurance Mtgs
Tredegar	10/10/23	16/9/24
Blaenavon	31/01/24	30/9/24
Bryntirion	04/06/24	30/9/24
Aberbeeg	(Action plan completed via meetings	16/9/24
Brynmawr	and virtual updates)	23/9/24

A level of financial transitional support was mutually agreed with and accepted by Dr Allinson & Dr Ahmed and was reflective of the existing workforce structures/deficits, as a managed practice, TUPE arrangements and proportionate efficiencies as an independent contractor. This included mobilisation costs as well as support for locum costs in line with the Health Boards Sustainability Assessment Framework (SAF), Appendix 2.

In addition, the partnership is currently receiving financial support under the SAF for Meddygfa Gelligaer Surgery and Brynmawr Medical Practice. A request for financial support under the Sustainability Assessment Framework for Pontypool Medical Centre has also been supported. The partnership is not in receipt of locum reimbursements in respect of Blaenavon Medical Practice or Lliswerry Medical Practice. The Partnership is in receipt of locum reimbursements under the SAF for Aberbeeg, Tredegar and Bryntirion which was part of the package of transitional support that was agreed on award of the contract.

Asesiad / Assessment

In late-summer of 2024, concerns were highlighted to the Health Board by local staff of Brynmawr Medical Practice and explicit assurance was provided at the time by the Central Operations Manager on behalf of the Partnership. Over the following weeks it became apparent that a number of these issues were continuing, with an increasing number of locums coming forward regarding non-payment of invoices as well as ongoing concerns regarding payment of supplier invoices and HMRC/NHS Pension contributions. Additionally, local Councillors approached the Health Board in October 2024 with concerns raised to them directly by local staff and patients.

Due to these concerns, the Health Board instigated a period of enhanced monitoring for the GP partnership with bi-weekly meetings. The focus of these meetings includes Governance, Workforce and Finance as well as any specific concerns which includes seeking assurance on:

- Clinical capacity
- Access arrangements and issues
- Financial management
- Contractual compliance

The first of these meetings was held on 28 October 2024.

Enhanced Monitoring Timeline

- 7 October 2024: Notification of Enhanced Monitoring process with bi-weekly meetings confirmed.
- 28 October 2024: First meeting, including request for full financial transparency.
- 7 November 2024: Additional meeting at the request of the Partnership to discuss the financial position after the Health Board requested full transparency.
- 11 November 2024: In person.
- 25 November 2024: Remote.
- 2 December 2024: Additional remote discussion.
- 10 December 2024: In person.
- 23 December 2024: Remote.
- 6 January 2025: Remote.
- 14 January 2025: Additional remote meeting requested by the Health Board to discuss short-mid term plans and request for further support as submitted by the Partnership.
- 23 January 2025: CEO, Director of Finance and COO joint meeting with Partnership.
- 3 February 2025: Scheduled.
- 17 February 2025: Scheduled.
- 3 March 2025: Scheduled.
- 17 March 2025: Scheduled.
- 31 March 2025: Scheduled.

In addition to the regular meetings with the Partnership, the Health Board has reviewed:

- the number of clinical sessions provided against the 1/200 local benchmark;
- a comparison of average monthly appointments per 100 people for each practice between April and December in 2023 and 2024;
- appointment activity, prescribing data, emergency medicine supply data and presentations to other parts of the health system;
- core workforce establishment (including non-clinical capacity) through the Wales National Workforce Reporting System (WNWRS)
- the Partnership's bank statements, payment plans and debts;
- feedback and findings from patient safety visits.

Concerns Raised

Employment Issues

We recognise, it is not for the Health Board to comment on employment issues in relation to contracted services at a local level and any such issues, including in respect of locum pay and local staffing relationships, have been directed back for the employers, Dr Ahmed and Dr Allinson, to address. However, we acknowledge that we have a duty to ensure the contractors comply with proper processes, including the timely payment of providers to ensure there is no risk to the safe delivery of services for patients. As such, these issues have been a key focus of discussions and raised during the assurance meetings.

The partnership has faced an increasing number of challenges and have not been able realise their mobilisation plans and achieve the desired economies of scale at the pace intended. The Health Board is continuing to work closely with Dr Allinson and Dr Ahmed to resolve all of the issues raised, balancing an appropriate level of support with the management of contractual compliance, whilst ensuring the needs of the registered population are met, with the primary focus being patient safety and access.

Clinical Cover and Practice Visits

This has been raised as an issue for Brynmawr Medical Practice particularly and has resulted in an early closure of the practice on one occasion. It was reported that the decision to close early was made by the local team, outside of usual external and internal processes and despite adequate cover arrangements being made by the central team. The relevant contractual breach process was implemented as a result and weekly monitoring of clinical provision has been instigated.

Within The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023, there is no specific stipulation regarding the provision of clinical sessions beyond the requirement to provide access to unified services during core hours to meet the “reasonable needs” of registered patients. In the absence of a national position, the Health Board has a locally agreed benchmark of 1 GP session per 200 registered patients.

Under the enhanced monitoring arrangements, the Health Board has routinely been reviewing the number of clinical sessions provided and activity data for all the partnerships practices has been reviewed and benchmarked against neighbouring practices and Gwent wide averages.

Due to increasing challenges securing GP locums across the sites, workforce challenges as a result of sickness and increased winter pressures, further compounded by the additional negative media coverage, the Health Board has proactively engaged in-hours support through Urgent Primary Care (UPC) for Brynmawr Medical Practice. In addition to the proactive support, the Health Board has a robust process in place to offer immediate support to any practice reporting an increased escalation, with additional workforce provided through the UPC team as appropriate; this is available to all practices in ABUHB.

To provide further assurance on patient safety and access, linked to the clinical cover provided, and in addition to the bi-weekly meetings through the enhanced monitoring arrangements, the Health Board has also undertaken a series of practice visits, across all of the practices where Dr Allinson and Dr Ahmed hold the GMS contract. Visits have been undertaken based on the GMS Contract Assurance Framework, which is aligned to the Health and Care Quality Standards.

The reviewing team, comprised of appropriate senior clinicians and contracting representatives, focused on specific areas of the assurance framework related to safe and effective clinical service delivery. Visits to date;

- Brynmawr Medical Practice 14/11/24, and follow up 09/01/25
- Pontypool Medical Centre 4/12/24

- Meddygfa Gelligaer Surgery 10/12/24
- Aberbeeg Medical Practice 11/12/24
- Blaenavon Medical Practice 19/12/24
- Bryntirion Surgery 19/12/24
- Liswerry Medical Practice 09/01/25
- Tredegar Medical Practice 16/01/25

There have been no immediate or urgent safety concerns identified during the visits. An action plan has been produced for the practices where areas for ongoing improvement were identified, along with areas where further information or action was required from the practice.

Patient Feedback

Up until instigating enhanced monitoring, the number of patient concerns received by the Health Board across all of the practices for which Dr Allinson and Dr Ahmed are commissioned was in line with all other practices in the region. Since the increased media attention, there has been an increased number of concerns for Brynmawr in particular.

Practice	Total Number of Concerns since 1 April 2024	Themes
Brynmawr Medical Practice	20 (19 after 29 Oct 24) -11 MS-MP -7 Informal -2 PTR	Routine access General regarding service provision
Aberbeeg Medical Practice	2 -1 MS-MP -1 PTR	Routine access
Tredegar Health Centre	3 MS-MP	One regarding a prescription query and two in respect of access
Blaenavon Medical Practice	1 MS-MP	General regarding changes
Bryntirion Surgery	3 MS-MP	All three raised concerns regarding access
Meddygfa Gelligaer	0	N/A
Liswerry Medical Practice	0	N/A
Pontypool Medical Centre	8 MS-MP	Routine access and general service concerns, including one regarding branch surgery opening hours which upon investigation remain unchanged from before transfer.

The Health Board proactively approached Llais as part of the enhanced monitoring arrangements. At that time Llais were not aware of any public concerns. However, during November 2024 Llais received correspondence from Town Councillors in Brynmawr and an anonymous concern highlighting employment issues, financial issues and clinical cover concerns. Due to this and through discussion with the Health Board, Llais undertook visits to the practices within the partnership practices in December 2024 and January 2025 in addition to a number of other practices. We are currently awaiting the feedback report.

Elected Member Feedback

Following concerns raised by Town Councillors, Borough Members and Members of the Senedd, a series of meetings have been held with elected members and the Chief Executive Officer in

order to understand the concerns, outline Health Board processes and provide updates and assurances where appropriate. An interim report was prepared and shared with Town Councillors, Borough Councillors and Members of the Senedd.

Financial Issues

The most pressing challenge is regarding the financial position of the Partnership. It is acknowledged that the five managed practices were presenting a recurrent cost for the Health Board and the partnership have inherited staff on agenda for change terms and conditions, TUPE protections as well as a significant shortfall in salaried GPs and therefore have a reliance on a locum workforce. After the implementation of the enhanced monitoring meetings, the Partnership has raised that due to financial, cultural, media and political challenges they have not been able to operate their delivery model as desired, highlighting that the mutually agreed transitional support provided by the Health Board has not been sufficient to cover the costs that they are incurring.

The financial challenges have resulted in delays for locums receiving payment for work they have undertaken which has subsequently led to delays in appointing more salaried GPs and difficulties in securing locums at reasonable fees/market rates.

- **Failure to pay locum staff**

The Health Board continues to receive communication from locums with regards to outstanding payments, the responsibility for which rests with the GP partnership. The Health Board has been working closely with Dr Allinson and Dr Ahmed to ensure that outstanding monies owed to the locum GPs who have been working for them are settled in a timely way. The Health Board is aware that they have reviewed their processes and a number of payments have been made, however significant outstanding payments remain. Dr Allinson and Dr Ahmed have also written directly to all locums who have been impacted. Due to ongoing cash flow constraints, the Health Board is aware that the partnership is prioritising payment for GP locums that continue to work at the practices over historical debts. However, they are having difficulties in making all of these current payments which further compounds the level of outstanding debt.

- **Failure to pay suppliers**

The Health Board has been made aware of outstanding invoices in relation to suppliers, which the GP partners are working to resolve. At this time, the Health Board is not aware of any suppliers that are currently withholding services.

- **Concerns in relation to pay staff, HMRC re: NIC and PAYE and NHS pension contribution payment**

New employers are able to make changes to arrangements for staff who have transferred under TUPE following a period of consultation. The partnership wished to align staff pay dates with the date they receive global sum payments from the Health Board. All staff were consulted to this effect. The partners recognised that they tried to action this too quickly and extended the lead in time for this change to minimise any impact. All impacted staff members working across the practices were offered a bridging loan to support them through the transition week. Only a small number took this up, and generous re-payment terms have been agreed, dependent on individual requests, such as delayed payments until January 2025 and then re-payment over a 12-month period.

For Pension and HMRC contributions, Dr Allinson and Dr Ahmed have advised that there was a delay in setting up EA codes and PAYE numbers; however we have been informed that this has now been resolved with all relevant codes assigned.

Financial Support

A level of financial transitional support was mutually agreed with and accepted by Dr Allinson & Dr Ahmed and was reflective of the existing workforce structures/deficits, as a managed practice, TUPE arrangements and proportionate efficiencies as an independent contractor. This included mobilisation costs as well as support for locum costs in line with the Health Boards Sustainability Assessment Framework (SAF), Appendix 2. The SAF (Appendix 2), is a scheme available to all GP practices across Wales, providing support for locum cost reimbursement based on actual spend, subject to evidence provided by the practice as part of the claims process. Support provided under the SAF is reviewed quarterly, or sooner should any of the practices successfully recruit.

The Health Board has also agreed urgent short-term support for Brynmawr Medical Practice by way of engaging salaried/sessional GPs able to provide in-hours sessions as part of the Primary Care Operational Support offer for those practices identified as needing short term immediate operational support in accordance with the SAF. This has been agreed for an initial 4-6 week period and any extension to this will be considered by a local assessment panel, in line with the SAF.

Despite the support in place, the Partnership report that the financial challenges remain considerable. The transitional arrangements were agreed on the basis of an efficient independent contractor model (1:200), substantive staff in line with the Health Board Managed Practice model and supported by the central team. Staffing costs were based on 2022/23 levels to align with GMS rates as 23/24 were not then known. However, the partnership has not been able to secure a substantive workforce or achieve economies of scale as intended at the required pace. The financial challenges and resultant cash flow issues have also led to increased difficulties securing locums at affordable rates, further compounding the issues.

The partnership has been requested to provide a detailed plan that describes when and how they expect to enter a period of greater stability, independent of the Health Board and this is being developed. In the meantime, in order to support urgent discussions and inform decision making in respect of support, the partners have provided short to medium term plans outlining their current financial pressures and set out short- and medium-term support required in order to resolve the ongoing challenges they are experiencing. To inform discussions, the partnership has submitted, as requested by the Health Board:

- Evidence that they are maximising support that has already been agreed.
- Full bank statements from 1 April 2024 to mid-December for all ABUHB practices (the finance team have reviewed these, a sample of transactions and backing documents have been requested for the sample).
- Detail of any financial relationship between ABUHB practices and e Harley listed companies (written statement provided – Appendix 3)

Legal Considerations

The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023 sets out the clauses by which the Health Board could terminate a GMS contract. The contract is legally binding, and the Health Board has agreed express terms within the contract to follow the termination process, including dispute resolution.

The Partnership can return/resign from a GMS contract with the provision of six-month notice, however as stipulated in the Regulations an earlier date can be mutually agreed.

To date there has been one breach notice issued to the Partnership due to an early unauthorised closure of Brynmawr Medical Practice.

Current Position

Following the enhanced monitoring meeting on 23 January 2025 with the partnership and ABUHB CEO, Director of Finance, COO and Primary Care and Community Services leads, the partnership wrote on 24 January 2025 with notification of their decision to resign from the GMS Contract at Brynmawr Medical Practice.

The National Health Service (General Medical Services Contracts) (Wales) Regulations 2023 state a six-month notice period is required, however as per Part 25, Clause 529 of the Regulations the Health Board can agree a mutual date earlier. To ensure a safe transition and to minimise any further challenges the Health Board has agreed for the transitional arrangements to commence immediately with official transfer to the Health Board being 1 March 2025.

The Health Board will directly manage the practice and stabilise the position over the coming months before consideration of the future position of the practice, in line with the VPP. A decision paper will be developed by the Primary Care and Community Services Division for consideration by the Executive Committee.

Recognising the challenges affecting the partnerships remaining practices, particularly financial challenges, the partnership will continue to remain in enhanced monitoring.

The Health Board has requested that the partnership provides a detailed plan for each of their remaining GMS contracts that describes when and how they expect to enter a period of greater stability, independent of the Health Board, with particular consideration of the following aspects:

- Ongoing close monitoring or clinical sessions and service delivery;
- Prioritised payment of outstanding debts to locum staff and suppliers;
- Continued assurance on compliance with arrangements with HMRC and pensions;
- Maximising income streams available to the partnership i.e. service provision;
- Accessing all routine support mechanisms available to GMS contractors;
- Assessing the impact of any agreed GMS contract outcome on their position; and
- Consideration of resignation of further GMS contracts, where appropriate.

The Health Board will work with the partnership to support the development of their plans and arrange a sequential approach to reviewing each GMS contract. During this time contractual management and compliance monitoring will remain to ensure the needs of the registered population are met, with the primary focus being patient safety and access to service provision.

Argymhelliad / Recommendation

The Board is requested to consider the content of the report, and:

- **ENDORSE** the approach being taken; and
- **NOTE** that internal audit is reviewing the Vacant Practice Policy with respect to its application to these practices; and
- **NOTE** the current position and the plan for considerations for remaining practices within the partnership.

Appendices

Appendix 1 – Vacant Practice process

Appendix 2 - Sustainability Assessment Framework

Appendix 3 – relationship to eHarley Street Primary Care Solutions

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 5.1 Timely Access 3.1 Safe and Clinically Effective Care 6. Individual care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. N/A
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. N/A

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

**Deddf Llesiant Cenedlaethau'r
Dyfodol – 5 ffordd o weithio
Well Being of Future
Generations Act – 5 ways of
working**
<https://futuregenerations.wales/about-us/future-generations-act/>

Choose an item.
Choose an item.

N/A



Aneurin Bevan University Health Board

General Medical Services Vacant Practice Policy

GENERAL STATEMENT OF POLICY

Welsh Health Circular (2006) 063 General Medical Services Practice Vacancies – A Guide to Good Practice, provides advice to Local Health Boards (LHBs) on the recruitment of General Practitioners and reminds Local Health Boards of the steps they should follow when considering the future of vacant practices. The overriding concern is to ensure that primary medical services are delivered to a consistently high standard across the whole of Wales.

The WHC (2006) 063 details the process to be followed. This suggests a Vacant Practice Panel is developed to manage the process. The guidance relating to membership of this panel suggests that as many stakeholders as possible are involved, whilst recognising that it is for the Health Board to determine this. The recommendation from the panel will need to be agreed by the Board.

1.0 PROPOSED PROCESS FOR TAKING DECISIONS ON VACANT PRACTICES

A Vacant Practice Panel will be established by the Primary Care & Community Services Division. This group will be responsible for the decision process, the end result of which will be a recommendation to proceed with the appropriate option for the future vacant practice. The group will, upon notification of a confirmed or potential practice vacancy, be responsible for preparing a generic specification collating the necessary information to recommend to the Executive Team the appropriate stage to commence the recruitment process.

Proposed membership of the Vacant Practice Panel is:

- Divisional Director / Assistant Divisional Director Primary Care & Community/ General Manager
- Deputy Medical Director (General Practice) / Assistant Deputy Medical Director / Primary Care Clinical Director
- Head of Primary Care / Deputy Head of Primary Care
- Senior Primary Care Manager
- Business Partner Accountant/Decision Support Accountant
- LMC representative
- Llais representative
- Additional representatives may be invited as per local agreement and decision

1.2 TIMEFRAMES

Timeframe for replacement of services: this may impact on the decision making and initial outcome:

- 1.2.1 Contractual notice from a Partnership contract – a minimum of 6 months' notice must be given unless a shorter period is mutually agreed locally.

- 1.2.2 Contractual notice from a Single Handed Practitioner – a minimum of 3 months' notice must be given unless a shorter period is mutually agreed locally.
- 1.2.3 Immediate or significantly shorter notice period may be inevitable where a Single-Handed Practitioner has died or become seriously unwell, where there is a serious breach of contract or the Partnership has dissolved.

2.0 NOTIFICATION OF CONTRACT RESIGNATION

On receipt of a contract resignation from a GMS Contractor, the Primary Care Contracting (PCC) Team will:

1. Acknowledge receipt of the resignation from the Contractor. Meet with the contractor to clarify their expectations, responsibility for closing down the contract and to outline their future plans and options under the Vacant Practice Process
2. Escalate the notification internally and establish the timeline for decision making, Vacant Practice process and implementation of the outcome
3. Issue confidential communication notice to WG, LMC and Llais.
4. Arrange a meeting with practice staff to advise of the process
5. Inform MS/MPs and local councillors
6. Notify NHS Wales Shared Services Partnership and DHCW
7. Issue patient letters (if required at this stage)
8. Arrange a meeting with the NCN/neighbouring practices (optional). This may be required to discuss the options, consider the impact and assess sustainability across the NCN to inform decision making process. Discussions may take place regarding the "preferred option" however, this will not determine the final decision until the the Vacant Practice Panel provides a recommendation to the Executive Team, which is subsequently approved
9. Arrange a Vacant Practice Panel meeting. Decision making needs to be informed and timely, it is expected that the timeline between Contractual Notice being served and a ratified decision being made would be no more than 6 weeks. Where an immediate or shorter notice period (1.2.3) is enacted, a rapid decision making process will be required that should take no more than 2 weeks.
10. Further correspondence to be issued to all stakeholders following Vacant Practice Panel including patient engagement.

Each Vacant Practice will need to be considered on its individual merits and the local context:

- LHB Strategic Plan: this will be based on proactive planning from the cluster and sustainability framework.
- Local population health needs including distance from other services, demography, local provider assets and other commissioned contractor services

The PCC Team will prepare the generic specification which will reflect and be influenced by the following key issues:

- Strategic Context of the LHB and the NCN/Cluster
- Practice list size
- Workforce model required to deliver the services and available local assets
- Sustainability within the LHB and Cluster, where the Vacant Practice is on a Cluster or LHB border, the neighbouring LHBs and Clusters should be consulted
- Demography of the registered practice population
- Number and location of neighbouring practices and sustainability of these
- Geography of the practice area including where patients are registered, the practice boundaries and access to transport, location of neighbouring practices
- Financial impact of each option including an assessment of value for money
- Practice income/future viability
- The number and range of services provided
- Clinical Governance and quality issues
- Premises – ownership/potential lease arrangements

An assessment of any shortfalls which may need to be addressed before the final outcome.

Feedback received from neighbouring contractors, services and key stakeholders

Recommendation and justification which of the six options outlined in section 3 below is preferred.

Proposed implementation plan including timeline of the recommended option.

Consider management arrangements/action plan for the next steps for the process.

3.0 VACANT PRACTICE PANEL

When a Practice becomes vacant, the Health Board will want to determine the most appropriate, sustainable option for the delivery of services to the registered population.

At the Vacant Practice Panel meeting, the options for the future of the practice where a vacancy is declared are discussed and a recommendation reached. The options are listed below (options 1-6 do not have to be considered in sequential order, and/or each one implemented before considering the next option. Option 1,2 and 3 maybe considered together):

- Option 1: Aim to fill vacancy through local interest under a GMS Contract, (the practice could be passed completely over to another practice in the borough under GMS Contract arrangements (through inviting local expressions of interest)).
- Option 2: Aim to fill vacancy through national interest under a GMS Contract, (the whole practice would be advertised nationally as a vacancy under current GMS Contract arrangements).
- Option 3: Managed list dispersal with existing neighbouring practices (through inviting local expressions of interest). Practices to consider taking on a proportion of the list.
- Option 4: If vacancy not filled, the LHB take on the management and delivery of GMS services, in accordance with GMS Regulations.
- Option 5: Dispersal of practice list (the LHB decide to disperse the practice list).
- Option 6: Fill the vacancy through interest from existing/remaining partners (where clauses 525-529 of the GMS contract do not apply (existing partners agree to the transfer of the existing contract to one or more of the existing partners following dissolution)) aim to fill the vacancy through interest from existing partners.

The Health Board will be required to undertake a procurement exercise in relation to options 1-3. This process is detailed in Appendix 1. Practices may be required to attend for interview at a later stage.

** Options 1, 2, 4 and 6 maybe subject to Policy for the Reassignment of Patients whose Address is outside the Catchment Area of their Registered GP & Application Process.

4.0 RECOMMENDATION

The Vacant Practice Panel prepares a recommendation on preferred option(s) to commence recruitment process for the Health Board Executive Team to consider.

Should the decision be made to advertise the practice (may apply to options 1, 2 and 3), a Vacant Practice Interview Panel would convene to undertake this task.

The Interview Panel will consider and interview candidates (options 1, 2 and 3).

The Interview Panel will make a recommendation to the Executive Team to appoint to the Vacant Practice or to progress to another stage of the agreed process.

This recommendation, if supported by the Executive Team, will be reported to the Board.

The Vacant Practice Panel Interview Panel to consist of:

- Divisional Director / Assistant Divisional Director Primary Care & Community/ General Manager (Chair)
- Deputy Medical Director / Assistant Deputy Medical Director / Primary Care Clinical Director
- Head of Primary Care / Deputy Head of Primary Care
- Senior Primary Care Manager
- Business Partner Accountant/ Decision Support Accountant
- LMC representative
- Llais representative
- Neighbourhood Care Network Lead
- Head of Service
- Additional representatives may be invited as per local agreement and decision

Appendix 4 provides details for the complete timeline for the process outlined above.

5.0 ENGAGEMENT

The Health Board will develop a clear and comprehensive communication plan whenever a change of contract is implemented and this should provide for open and ongoing sharing of information and management of feedback. This should include communication with the following stakeholders:

- Current Contract Provider
- Neighbouring Practices
- Registered patients of the practice
- Local community groups
- Local Politicians/Councillors
- Llais
- Local Medical Committee
- Local NCN service providers
- NCN Lead/Head of Service
- Health Board departments where there may be a service impact e.g. communications, patient support, medical records etc.
- Welsh Government Primary Care leads

- 5.1 Communication should clearly articulate the change, the expected impact and the timeline for change.
- 5.2 Patients should have access to advice where they have concerns or queries, the mechanism for accessing this should be clearly shared. Local “drop in” sessions at the practice may be required in order to inform patients of the process/outcome.
- 5.3 The Health Board will consider using letters, posters, leaflets, newsletters, social and print media for the dissemination of information.
- 5.4 Where public meetings are arranged, they should be scheduled to provide information, where this is not possible due to shortened timescale for change alternative mechanisms should be considered such as identifying local champions and groups to share information.

Quoracy

VPP group will be quorate when the following are in attendance:

- 1 Clinical Representative
- 1 Divisional Director / Assistant Divisional Director/ General Manager
- 1 Head of Primary Care / Deputy Head of Primary Care/Senior Primary Care Manager
- 1 Independent Representative LMC / Llais

Appendix 1

PROCUREMENT PROCESS

FIRST STAGE EXPRESSION OF INTEREST (OPTIONAL)*

An advert is circulated to GP Practices (locally/nationally) in the Health Board area and advertised in the BMJ (nationally). The advert invites a simple expression of interest by a certain date.

Where an expression of interest is received and considered by the Health Board to be above the line (considered by the Deputy Medical Director, Head of Primary Care and other senior managers), the interested applicant is invited to proceed to the second stage.

**There may be circumstances when it is appropriate to omit Stage 1 Expressions of Interest and proceed directly to Stage 2 Submission of Full Business Case. There are occasions when it is a useful part of the process in that it informs with regard to knowing how many bids to expect and it provides a summary that shows the potential provider is interested in and capable of delivering the service.*

THE PROCESS – SECOND STAGE FULL BUSINESS CASE

Successful applicants are requested to produce a full business case detailing the proposal. In order to assist applicants, they are provided with an information pack enclosing all relevant up to date information about the practice, a template for the business case (Annex 1, optional to use) and the scoring criteria used when evaluating the submissions (Annex 2). A deadline is provided to all applicants for the receipt of the completed business case, and provisional details of the interview panel.

Applicants are expected to prepare a 15 minute presentation, followed by a question and answer session related to their submission and presentation. After which the panel evaluate and allocate scores for each of the headings identified in the scoring template.

The decision of the panel is then presented to the Executive Team.

Annex 1

BUSINESS CASE TEMPLATE

FOR APPLICATIONS TO PROVIDE A PERMANENT GMS CONTRACT FOR XXX PATIENTS REGISTERED WITH XXX MEDICAL PRACTICE

Business Case proposals are sought for delivery of services for the whole/part registered list of xxx Medical Practice.

Name of applicant(s)			
Contact Address			
Contact Telephone			
Contact Email			

Signature			
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Date of Submission of Business Case	
--	--

Please answer ALL questions fully but concisely, please refer to Annex 3, Scoring Template at the end of the document to identify how responses will be scored. (space will expand)

Please return completed templates to XXXXXX by (enter date)

SECTION 1: Workforce (15 points)		Score (LHB use)
1.1	Please provide a summary of the partnership that is making this application, to include the main qualifications and accreditations.	

1.2	Please provide the details of the partnership and whether there is an existing written and signed partnership agreement. Where there is no existing partnership please state this and advise of the timeframe of establishment. Please enclose the decision making structure to be put in place (or already in place) so that decisions can be made with ease.	
1.3	Please provide a summary of the clinical team, including number of clinical sessions per week that will deliver care to patients including any special interests or enhanced skills. Please include all GPs, qualified nurses or other qualified and registered clinical staff involved in direct patient care.	
1.4	Please provide a summary of the administrative team that will deliver services to the patients to include an organisational structure for the merged practice.	
1.5	Please provide a summary of the systems and processes you will put in place to manage the transition of appropriate staff needed to deliver the contract (to include your management of duplication of roles, inconsistencies in duties, differences in salaries etc.)	

SECTION 2: Premises (15 points)		Score (LHB use)
2.1	Please provide a summary of the premises you will use to provide services for the XXX number of patients currently registered at XXX Medical Practice (including information on your long term strategy for use of the premises).	
2.2	Please identify any changes or amendments to the premises or equipment that will be needed to deliver the contract for the XXX number of patients currently registered at XXX Medical Practice.	

SECTION 3: IM&T (5 points)		Score (LHB use)
3.1	Please provide a summary of the clinical and telephone system you will use to deliver services to the XXX number of patients currently registered at XXX Medical Practice.	
3.2	Please identify any changes or amendments to the hardware or software needed to deliver the contract for the XXX number of patients currently registered at XXX Medical Practice (consideration needs to be given to the type of system each practice uses, contracts in place, age of the systems and data protection issues).	

SECTION 4: Service Model (40 points)		Score (LHB use)
4.1	Please describe your proposed model for delivering services for patients between 8am and 6.30pm Monday to Friday. This should include the: <ul style="list-style-type: none"> • number of sessions per week • the timing of appointments throughout the working day • method for ensuring that the proposed model meets reasonable patient need. 	
4.2	Please describe what changes would need to be made to the enhanced services currently offered, this may include stopping, reducing or increasing services offered based on the skills and competencies of available clinicians.	
4.3	Please describe what clinical governance processes you will put in place to minimise any risk of harm to patients during transition periods at the start of the contract.	
4.4	Please describe what processes and systems you will put in place to reassure the registered patients about the changes and respond to any concerns raised (to include ways in which you intend to communicate any proposed merger to your patients).	

SECTION 5: Financial Model (10 points)		Score (LHB use)
5.1	Please provide a summary of your financial model for delivering the contract, identifying any additional financial support you might require (taking into consideration the financial position of the managed practice).	

SECTION 6: Timetable (0 points)		Not Scored (LHB use)
6.1	Please provide an overview of the timetable in which you feel that you could reasonably take up the contract, including any interim actions that will need to be resolved.	

SECTION 7: Continuity (5 points)		Score (LHB use)
7.1	Please identify actions and processes to be put into place to ensure the safe delivery of services to the registered patients and to support the handover of care.	
7.2	Please outline contingency plans that you will put in place to mitigate any other risks identified as part of taking on this new GMS contract.	

SECTION 8: Any other information (0 points)		Not Scored (LHB use)
8.1	Please give any other supporting information that you feel is relevant and needs to be taken into consideration as part of the decision making process.	

Annex 2

Weighting For Short-listing of Tenders

Scoring Template

Each question indicates whether it is specifically scored, those with a zero score are for the purpose of clarifying or assurance information.

Where a question is scored it is weighted according to its relative value. Each scored question has specific criteria that qualifies it for a **ZERO**, **LOW** or **HIGH** score. The range within that level will be determined as outlined below:

	<i>Max Score = 5</i>	<i>Max Score = 10</i>	<i>Max score = 15</i>
Meets specific HIGH criteria AND Exceeds Expectations – excellent response over and above requirements	5	10	15
Meets specific HIGH criteria AND Complies - Fully meets requirement and response gives thorough and comprehensive detail	4	7	10
Meets specific LOW criteria AND Complies - Fully meets requirement and response gives thorough and comprehensive detail	3	5	7
Meets specific LOW criteria AND Partially Complies – Broad outline provided relevant to the question asked with some ambiguity around details and at least one piece of information missing	2	3	5
Meets specific LOW criteria OR Very Poor Response – little evidence	1	2	3
Meets specific ZERO criteria OR Does Not Comply - No evidence	0	0	0

Specific Criteria: the criteria outlined below are intended to provide very clear, specific and objective measures to help guide the panel in their scoring of proposals.

Specific Criteria	Maximum Score	Zero Score	Low Score	High Score
1.1 Please provide a summary of the partnership that is making this application, this needs to include the main qualification and accreditations.				
1.2 Please provide the details of the partnership and whether there is an existing written and signed partnership agreement. Where there is no existing partnership please state this and advise of the timeframe of establishment. Please enclose the decision making structure to be put in place so that decisions can be made with ease.				
1.3 Please provide a summary of the clinical team, including number of clinical sessions per week that will deliver care to patients including any special interests or enhanced skills.	10	1 clinical session per week for more than 225 patients	1 clinical session per week for 200-225 patients	1 clinical session per week for between 175-200 patients
1.4 Please provide a summary of the administrative team that will deliver services to the patients (include an organisational structure for the merged practice).	5	Less than 5 WTE admin staff or no clear plan or staff in place	5 – 7.9 WTE admin staff	More than 8 WTE admin staff
1.5 Please provide a summary of the systems and processes you will put in place to manage the transition of appropriate staff needed to deliver the contract (to include your management of duplication of roles, inconsistencies in duties, differences in salaries etc.)				
2.1 Please provide a summary of the premises you will use to provide services for the XXX patients currently registered at XXX (including information on your long term strategy for use of the premises).	10	3 or less clinical rooms	Minimum 4 clinical rooms to deliver services AND Meets premises minimum standards	Minimum 5 clinical rooms to deliver services AND Meets premises minimum standards
2.2 Please identify any changes or amendments to the premises or equipment that will be needed to deliver the contract for the XXX patients currently registered at XXX.	5	Requires investment from LHB OR Requires no investment from LHB but delay of 4 weeks or more in rooms being available	Requires no additional investment from LHB although may incur investment from contract holder. Premises available within 4 weeks	Requires no additional investment and premises available immediately

Specific Criteria	Maximum Score	Zero Score	Low Score	High Score
3.1 Please provide a summary of the clinical and telephone system you will use to deliver services to the xxx patients currently registered.				
3.2 Please identify any changes or amendments to the hardware or software needed to deliver the contract for the XXX patients currently registered at XXX (consideration needs to be given to the type of system each practice uses, contracts in place, age of the system and data protection issues).	5	Requires investment from LHB OR Requires no investment from LHB but delay of 4 weeks or more in clinical system being available	Requires no additional investment from LHB although may incur investment from contract holder. Clinical system available within 4 weeks	Requires no additional investment and clinical system available immediately
4.1 Please describe your proposed model for delivering services for patients between 8am and 6.30pm Monday to Friday. This should include the: <ul style="list-style-type: none"> number of sessions per week the timing of appointments throughout the working day method for ensuring that the proposed model meets reasonable patient need. 	15	Does not fully meet access standards and HB expectations	Partially meets the access standards, fully meets HB expectations (5A principles) and positive principles for good access	Fully meets the access standards, fully meets HB expectations (5A principles) and positive principles for good access
4.2 Please describe what changes would need to be made to the enhanced services currently offered, this may include stopping, reducing or increasing services offered based on the skills and competencies of available clinicians.	5	2 or more enhanced services to be stopped with no plans for reintroducing services or sharing work with other practices in the area	No more than 2 enhanced services to be temporarily stopped OR Plans in place for sharing work with other practices in the area	All current enhanced services to be maintained
4.3 Please describe what clinical governance processes you will put in place to minimise any risk of harm to patients during transition periods at the start of the contract.	5	No clear or robust plans, limited/no mitigating actions	Reasonable plans in place OR Identified mitigating actions	Robust plans in place with identified mitigation actions

Specific Criteria	Maximum Score	Zero Score	Low Score	High Score
4.4 Please describe what processes and systems you will put in place to reassure the registered patients about the changes and respond to any concerns raised (to include ways in which you intend to communicate any proposed merger to patients).	5	No/limited communication plan	Reasonable communication plan for patients only	Robust communication plan in place for patients and key stakeholders and interested parties
5.1 Please provide summary of your financial model for delivering the contract, identifying any additional financial support you might require to assist you (taking into consideration the financial position of the managed practice).	10	No clear plan in place	Plan in place but limited in clarity, sustainability	Clear and sustainable financial plan that operates within the existing GMS financial envelope
6.1 Please provide an overview of the timetable in which you feel that you could reasonably take up the contract, including any interim actions that will need to be resolved.				
7.1 Please identify actions and processes to be put into place to ensure the safe delivery of services to the registered patients and to support the handover of care.				
7.2 Please outline contingency plans that you will put in place to mitigate any other risks identified as part of taking on this new GMS contract.	5	Limited / no risk assessment or action plan	Some indication of risk assessment with no clear or accountable plan	Clear risk assessment undertake, with mitigating actions, named individuals and a clear accountability structure
8.1 Please give any other supporting information that you feel is relevant and needs to be taken into consideration as part of the decision making process.				

Appendix 2

TIMETABLE – VACANT PRACTICE

Action	Timescale including EOI Partnership	Timescale including EOI Partnership
Initial Notification: <ul style="list-style-type: none"> • Contractor acknowledgment • Executive Team • LMC, Llais and WG • NWSSP in confidence • NWIS in confidence • PPV in confidence 	Week 1 Within 3 days Within 3 days Within 3 days Within 3-7 days Within 3-7 days Within 3-7 days	Week 1 Within 3 days Within 3 days Within 3 days Within 3-7 days Within 3-7 days Within 3-7 days
Meet with partners and meeting with practice staff	By week 3	By week 2/3
Inform: AM / MPs, local councillors in confidence	By week 3	By week 2/3
Issue 1 st patient letter (if required)	By week 3	By week 2/3
Arrange meeting with local GP practices, if required	By week 3	By week 2/3
Arrange Vacant Practice Panel	By week 3/4	By week 2/3
Executive Team to consider recommendation	By week 4	By week 3/4
Issue further correspondence to all relevant stakeholders, if needed	By week 4/5	By week 4
Advertisement of Vacant / Managed practices (1 st Stage – requesting expression of interest optional)	By week 5	By week 4/5
Patient engagement, if needed	By week 5	By week 5
Closing date expression of advert	By week 11	By week 7

Consider expression of interests received	By week 12	By week 7/8
Additional information to be provided to those applicants submitting a full business case	By week 12	By week 8
Full Business Case to be submitted	By week 14	By week 9
Interview Panel	By week 16	By week 10
Contract Award (subject to Board ratification)	By week 22	By week 10/11
Issue correspondence to IPs and patients	Subject to approval date	Subject to approval date
Patient engagement, if needed	Subject to approval date	Subject to approval date
Proposed Transfer Date	TBC*	TBC*

***Notes:**

1. It is recommended practice transfers take place immediately at the start or end of any financial year quarter period.
2. Normally following the award of a contract there is a 3 month lead in time to the transfer date. However, the UHB accepts a flexible approach may need to be adopted particularly where the vacant/managed practice is to merge with another established practice.



Llywodraeth Cymru
Welsh Government

12 April 2017

Dear Colleagues

Revised GP Sustainability Assessment Framework: 2017/18

1. A framework for assessing the sustainability of GP practices has been in place since April 2015. Whilst the sustainability assessment framework has provided for a consistent decision making process, concerns have been expressed by some GP practices about the effectiveness of delivery.

2. The revisions to the sustainability assessment framework streamlines the process to enable a GP practice request for support to be reviewed on a more effective and efficient basis.

3. The revised sustainability assessment framework continues to prioritise the criteria for assessment to include practices at risk of closure within 12 months and/or those at risk of a reduction in the range of services provided through external factors which may impinge on the sustainability of the practice - for example :

- An unavoidably small GP practice may be unable to achieve an economy of scale if its location prevents the expansion of its practice list, and there is no viable option of merging with another GP practice.
- The Carr-Hill formula does not fully meet the funding needs for unavoidably small GP practices.
- The Carr-Hill formula does not compensate multi-site GP practices which have higher fixed costs than single site GP practices. Maintaining branch surgeries involves additional staffing requirements and office costs
- Dispersed and deprived populations have specific management features.
- The challenges of GP recruitment and retention can place significant pressure on GP practices in Wales (and across the UK).

4. Sustainability support for GP practices may involve:

- Short term, intermediate management and workload support for practices through cluster networks or directly to practices through, for example, health board employed health care professionals (who may form part of the health board's Primary Care Support Team); health board employed back office support.
- Short term, intermediate management and workload support for practices through financial support.
- Longer term support consistent with the strategic aims of the primary care plan and health boards' three year strategic plans.

- Health board support to identify potential other income streams the practice can access.

5. Any GP practice support as part of transformational change will need to be consistent with health boards' three year strategic plans and will be exceptional in nature and any practice support is not a replacement for any income loss arising through MPIG redistribution.

6. The revised sustainability assessment framework includes the following changes:

(a) A request for sustainability support will distinguish a request for urgent short term operational support which will not require a Local Assessment Panel decision where the health board is able to take a quick decision, and a request for support which will require a Local Assessment Panel decision.

(b) Where a request for sustainability support requires a Local Assessment Panel decision, the Local Assessment Panel will make an in-principle decision, subject to a financial assessment.

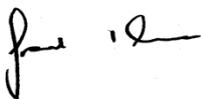
(c) To ensure effective health board support a GP practice is required to provide to the health board a summary of the sustainability actions already undertaken, together with the further sustainability actions demonstrating how the practice will return to being sustainable.

(d) A small number of changes have been made to the risk matrix indicators and supplementary information.

- In relation to the risk matrix new indicators have been introduced to cover demographics (application submitted to close patient list; practice population age spread ; Premises (capacity of premises) ; workforce general; (patients per WTE senior clinician) ; (number of unfilled clinical sessions per week). The workforce indicators have been amended to include General Practitioners; reliance on locums.
- In relation to supplementary information the following changes have been made to Premises (lease terms to include issues / concerns); Workforce (new information for number of consulting hours per / 000 patients); Access to services (new information for any proposed changes for opening hours per site ; clarity on appointment book activity).

7. The revised risk matrix is detailed at **Annex 1**. The supplementary information is detailed in **Annex 2**; the revised sustainability assessment process and flowchart is detailed at **Annex 3**; Local Assessment Panel guidance and the Appeals Process is detailed at **Annex 4**.

Yours sincerely



Dr. Grant L. Duncan
Dirprwy Gyfarwyddwr- Yr Is Adran Gofal Sylfaenol
Deputy Director – Primary Care Division

Revised Sustainability Framework Risk Matrix (including guidance notes)

The framework involves applying a Red/Amber/Green (RAG) weighted score against the risk matrix criteria. The following weighting has been applied:

- High/Red -10
- Medium/Amber – 5
- Low/Green - 1

The outcome of the risk assessment matrix score has been set as follows:

- High risk of unsustainability > or = 80
- Medium risk of unsustainability >55 -79
- Low risk of unsustainability <55

Area	Indicator		Ranking	Info. source
Demographics: STAGE 1	Open/closed list	Open	Low	Health Board
		Application submitted (formal/informal)	Medium	
		Closed	High	
	Welsh index of multiple deprivation (WIMD % of patients living in the two most deprived fifths)	<10%	Low	Health Board/ PHW
		10 – 20%	Medium	
		>20%	High	
	Practice population age spread %	<30% over 65	Low	Health Board/ SSP
30% - 50% over 65		Medium		
>50% over 65		High		
Premises: STAGE 1	Number of sites/branch surgeries (To include both open and temporarily closed branch surgeries)	1 site	Low	Health Board
		>1 site	Medium	
		>3 sites	High	
	Condition of premises; (practices with more than 1 site will be ranked against a judgement of the total estate condition)	adequate/ new or approved funding	Low	Health Board
		Poor, but working towards improving	Medium	
		Poor quality	High	
	Capacity of premises	Adequate for current needs only	Low	Health Board
Inadequate to accommodate current service needs		High		
Workforce – General Practitioner STAGE 1	Partnership/singlehanded	Partnership	Low	Health Board
		Singlehanded	High	
	Patient 000's per WTE GP (WTE assumed as 8 sessions)	< or = to 2000	Low	Health Board
		>2000	Medium	
		>2500	High	
	Age profile (individual GP ages will be used to give an overall rank for age)	< 50 years	Low	Practice
		50 -55 years	Medium	
>55 years		High		

	<i>profile. To include all substantive GPs including principals and salaried posts.</i>			
	Current vacancies Linked to % of WTE	<10%	Low	Practice
		10 – 20%	Medium	
		>20%	High	
	Length of vacancies (<i>To be based on the longest vacancy for either a principal or a salaried GP</i>)	< 6 months	Low	Practice
		6 months	Medium	
		>6 months	High	
	Reliance on locums (<i>sessions per average week</i>)	<3 sessions	Low	Practice
		3 – 5 sessions	Medium	
		>5 sessions	High	
Workforce General STAGE 1	Patient 000's per WTE senior clinician(GP, Advanced Practitioner, Pharmacist etc)			Practice
	No: of unfilled clinical sessions per week	0	Low	Practice
<3		Medium		
>3		High		
Income Streams STAGE 1	Income loss arising after MPIG redistribution (as a % of GSE).	<10%	Low	Health Board
		10% - 15%	Medium	
		>15%	High	
Access to services STAGE 1	Opening hours (per site) - recent changes (<i>Relating to a reduction in hours only</i>)	No	Low	Practice
		Yes	High	

Sustainability Framework: Supplementary Information

		Information source
Demographics: STAGE 2	➤ Practice List Size (as at beginning of latest ¼)	SSP
Premises: STAGE 2	<ul style="list-style-type: none"> ➤ Sites: Owned/rented ➤ Notional Rent/Cost Rent Scheme ➤ Branch Surgery closure request ➤ Lease terms to include issues/concerns 	Health Board
Workforce: STAGE 2	GPs	
	<ul style="list-style-type: none"> ➤ Number of partners – principals /salaried ➤ Anticipated vacancies <12 months, 12-24 months ➤ Throughput of GPs in previous 2 calendar years ➤ Access/availability of locums ➤ Training practice/ Retainer Practice 	Practice
	Practice Nurses:	
	<ul style="list-style-type: none"> ➤ WTE Practice Nurses per WTE GP ➤ Number of Advanced Nurse Practitioners per WTE GP ➤ Number of Health Care Support Workers per WTE GP ➤ Current vacancies ➤ Anticipated vacancies: <12 months, 12-24 months 	Practice
	Other staff:	
	<ul style="list-style-type: none"> ➤ Prescribing Pharmacist ➤ Business Manager/ Experience of Business Manager ➤ Other vacancies 	Practice
	<ul style="list-style-type: none"> ➤ Clinical skill mix ➤ Total number of consulting hours provided per 000 patients 	Practice
Local Service provision: STAGE 2	➤ List size profile – Registration ons/ offs and net effect	SSP
	<ul style="list-style-type: none"> ➤ Access to other local services eg: Specialist Nurses ➤ Integration of community teams (location/communication) ➤ Distance to District General Hospital ➤ Size/ spread of practice area/ population split across area 	Practice
	<ul style="list-style-type: none"> ➤ Location of neighbouring practices and characteristics ➤ Rural/urban cluster profile classification 	Health Board/ PHW
Income streams: STAGE 2	<ul style="list-style-type: none"> ➤ Total GMS income/GMS income per patient ➤ Other NHS income e.g. community hospital SLAs, dispensing, prescribing incentive scheme 	Health Board/SSP
	<ul style="list-style-type: none"> ➤ Practice full accounts (previous 2 years) ➤ Cash flow forecasts ➤ Private income 	Practice
Access to services: STAGE 2	<ul style="list-style-type: none"> ➤ Opening hours (per site) proposed changes ➤ Summary of appointment book activity (sessions across all Health Care Professionals for the previous two quarters) ➤ Booking Systems and DNAs (MHOL/text messaging/ triage) ➤ Provision of services/clinical sessions offered ➤ Enhanced service participation – recent/planned changes 	Practice

Clinical Governance: STAGE 2	<ul style="list-style-type: none"> ➤ CGPSAT results ➤ No: of complaints ➤ No: of GP appraisals outside of expected MARS appraisal ➤ Childhood Immunisation Rates: <90, 90 – 94, >95 ➤ AWMSG Prescribing indicators: - top 25% / middle two/ bottom 25% quartile, including cost per PU ➤ PPV error rates 	<i>Health Board/SSP/PHW</i>
Other: STAGE 1	<ul style="list-style-type: none"> ➤ Sustainability actions taken by the practice to date ➤ Sustainability actions the practice wish to progress/indication of the support required to enable your practice to maintain its sustainability ➤ Cluster engagement ➤ Additional known changes within the next 12 months 	<i>Practice</i>

Process for assessing the evidence for practice support

1. Any GP practice requesting sustainability support will need to complete the risk matrix.
2. Practice information will need to be submitted in a staged process. In total there are 2 stages. (Each element of information required is linked to the appropriate stage on the framework documentation)

STAGE 1

3. - The practice as a minimum will be required to submit
 - a) a Practice/Health Board agreed completed matrix;
 - b) a summary of sustainability actions taken by the practice to date,
 - c) the sustainability actions the practice wish to progress to demonstrate how they will return to being sustainable

Practices need to be explicit in detailing what they require to become sustainable.

4. Based upon a), b) and c) above the health board will need to decide whether the request for sustainability support is a request for
 - urgent short term operational support and/ or
 - support to address longer term sustainability.
5. Where the request is for urgent short term operational support, the health board will decide on whether support is appropriate within 15 working days of receiving the information as detailed in point 2.
6. Where the request is for support to address longer term sustainability a Health Board Local Assessment Panel will need to be convened within 20 working days of receiving the information as detailed in point 2.

The Local Assessment Panel will make an in-principle decision, subject to a financial assessment.

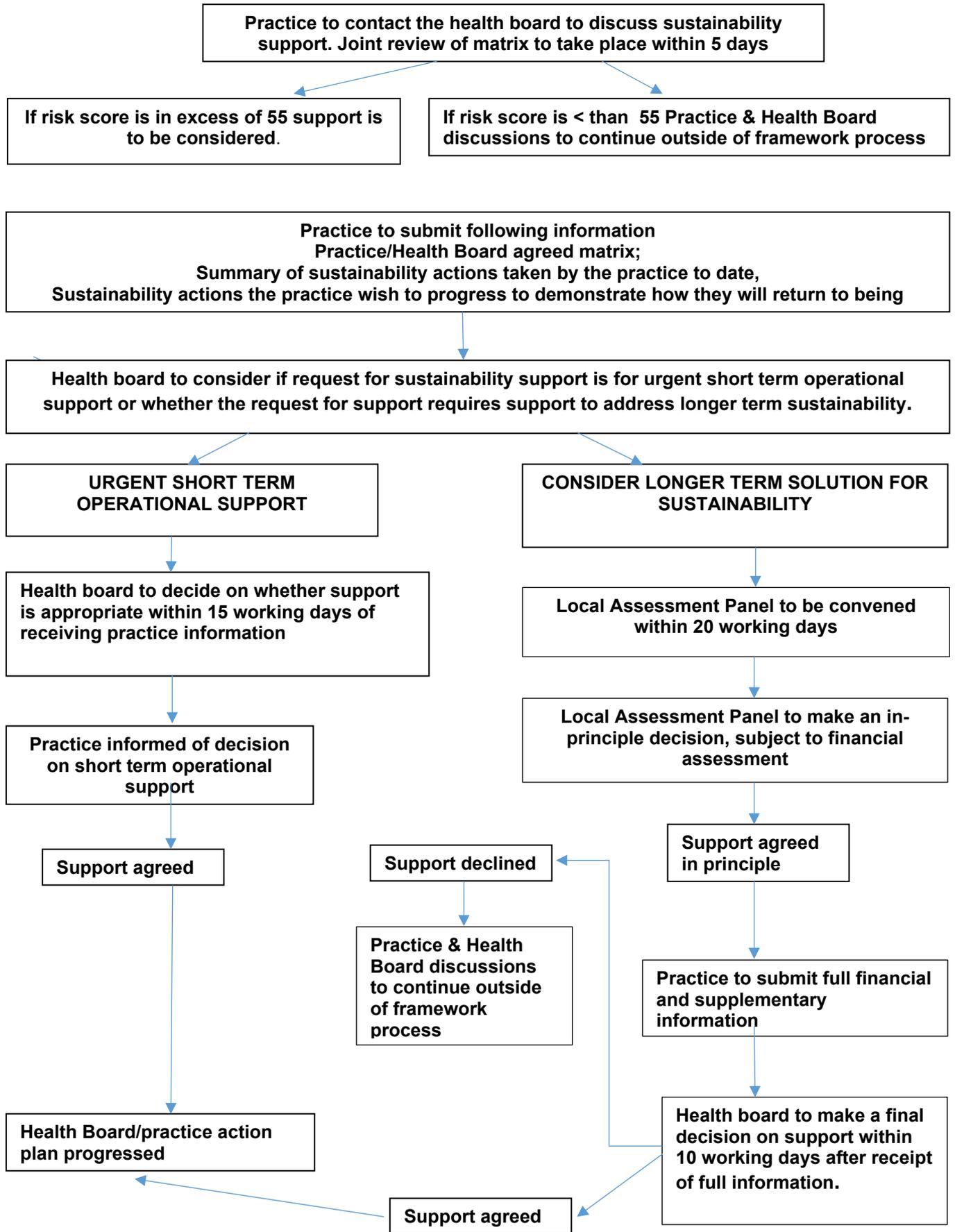
The in-principle decision will be made on an evidence based assessment approach taking into consideration the cost of the health board directly managing the practice.

STAGE 2

7. If the Panel agree to support the practice, the practice will be expected to provide the necessary information to health boards and the Local Assessment Panel to evidence their case for support, including information on income streams and expenditure and an explanation of the change of circumstances which have led to their current situation.
8. Upon receipt of receiving the full financial information and supplementary information, the health board will aim to make a final decision on support within 10 working days.

9. If the panel agree not to support the practice, the practice will have a right of appeal to a decision made by the Local Assessment Panel, via the Appeals Panel process.

Sustainability Assessment Process



Local Assessment Panel Guidance

The role and responsibility of the Local Assessment Panel shall be to:

- Consider all requests from GP practices for any support in accordance with an agreed evidence based assessment.
- Consider and take a decision on the case for any practice support within 6 weeks of receipt of a completed GP practice application for assessment.
- Notify the practice on the decision for any practice support.

Membership of the Local Assessment Panel

It is possible a high number of requests for support may be made. Given that any support under this initiative will have a focus on practices at significant risk of closure or having to reduce the range of services currently available to patients, it is possible some cases for support may clearly fall outside the assessment framework and that some cases may have common features where support cannot be evidenced. Where a high number of requests for support has been made, and where a number of cases for support clearly fall outside the assessment framework, these cases may be grouped together for consideration. It will be for the LHB and the LMC to agree on the grouping of cases for consideration.

Cases for support which clearly do not fall outside the assessment framework will be considered individually by the panel.

Members of the Local Assessment Panel shall be:

- An LHB Associate Medical Director and/or LHB senior member of the primary care team.
- A Local Medical Committee representative.
- A Community Health Council representative, or where a Community Health Council representative is not available another representative agreed between the LHB and the LMC

*The membership of the Panel mirrors broadly the assessment panel membership considering a rejection of a closure notice by the LHB under Section 31(5) of Part 2 of Schedule 6 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 ("the GMS regulations")

Notification of Local Assessment Panel decisions

The Local Assessment Panel will notify the practice and the LHB of its decision within 6 weeks of receipt of a completed GP practice application for assessment. Details of the support and the detailed action plan will then be agreed between the GP practice and the LHB.

Dispute Resolution

The practice will have a right of appeal against a decision made by the Local Assessment Panel to a Local Assessment Appeal Panel.

Following notification of the Local Assessment Panel decision, the practice must inform the LHB, within a reasonable timescale, in writing if the practice wishes to dispute the decision reached by the Local Assessment Panel.

The practice should outline the reasons why it disputes the decision of the Panel.

The Local Assessment Appeal Panel dealing with a dispute should acknowledge receipt, in writing, of the practice dispute within 7 days. The practice and the LHB will have 28 days in which to present any further evidence / ask for further evidence why it disputes the Local Assessment Panel decision.

A representative of the practice may elect to attend the local assessment appeal panel.

Membership of the Local Assessment Appeal Panel

*Members of the Local Assessment Appeal Panel dealing with a dispute shall be:

- An LHB Associate Medical Director or LHB senior member of the primary care team, who is not party to the contract.
- A Local Medical Committee representative, which does not represent practitioners in the area of the LHB which is a party to the contract.
- A Community Health Council representative other than that of the LHB. which is a party to the contract or where a Community Health Council representative is not available another representative agreed between the LHB and the LMC.

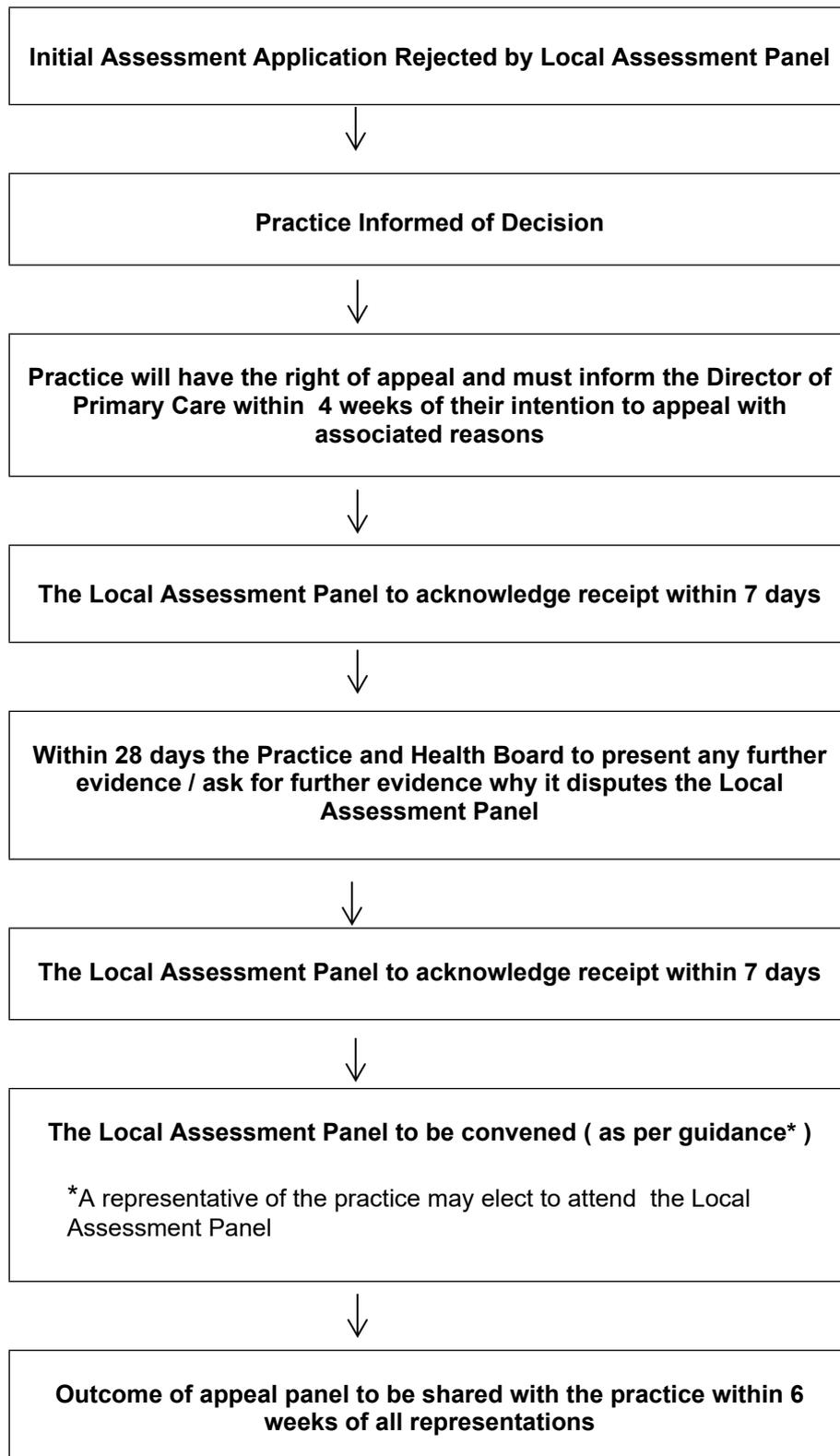
*The membership of the Local Assessment Appeal Panel mirrors broadly the assessment panel membership considering a rejection of a closure notice by the LHB under paragraph 31(5) of Part 2 of Schedule 6 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004 (“the GMS regulations”)

The Local Assessment Appeal Panel will aim to resolve the appeal within 6 weeks of all representations being made.

Frequency of meetings and monitoring of outcomes

It is suggested the Local Assessment Panel meets periodically to consider those requests for support where significant risk of closure / having to reduce the range of services currently available to patients was anticipated beyond a 12 month period. The process of monitoring of outcomes will be at the discretion of LHBs.

Rejection of Practice Sustainability Support Appeals Process



16.12.2024

Relationship between 'eHarley Street' companies and Welsh GMS contracts:

The Welsh GMS Practices operated by the partnership of Dr Ahmed, Dr Allinson, and Ms Nabeela Siddiqi enjoy a formal and strategic collaboration with **eHarley Street Central Management Ltd**. This relationship is rooted in a shared commitment to operational excellence and patient-centred care, with eHarley Street providing tailored management solutions that empower the Practices to thrive.

A key aspect of this partnership is the financial arrangement between the Practices and eHarley Street Central Management Ltd, which is designed with flexibility and fairness in mind. Wherever possible, the fees charged by eHarley Street are pro-rated based on the list size of each Practice. However, this is not always entirely feasible, as some Practices require more time and focused support due to their unique needs. As a result, a disproportionate amount of attention has often been dedicated to the Welsh GMS contracts, reflecting the specific challenges and complexities of those Practices.

eHarley Street's comprehensive services include resourcing, recruitment, financial planning, central operations, patient relations, human resources, quality improvement, compliance, digital transformation support, workforce management, training and development programmes, data analysis and reporting, governance support, and practice efficiency optimisation. By addressing these critical areas, eHarley Street enables the Practices to focus on what they do best: delivering exceptional healthcare to their communities.

This financial model underscores the collaborative and responsive nature of the partnership, fostering a relationship built on trust, value, and mutual success. Together, the Practices and eHarley Street Central Management Ltd exemplify a modern approach to healthcare management—flexible, innovative, and aligned with the evolving needs of both practitioners and patients.

Dr Allinson & Dr Ahmed