

ENCLOSURE: 5b
AGENDA ITEM: 8b

South East London Primary Care Commissioning Committee

DATE: 16th April 2020

Title	Patient Allocation Process (in the case of list dispersal) NHS South East London Clinical Commissioning Group	
This paper is for decision		
Borough	All six South East London boroughs	
Practice Details	Practice Name	n/a
	Contract Type	n/a
	Site Address(s) inc. branch sites	Inc end date if applicable and appropriate
	List Size	Inc Raw and Weighted where appropriate
	No. of Partners	n/a
	Current CQC Rating	n/a
	PCN Details	Inc name, no of practices and combined list
Recommended action for the Committee	<p>The South East London Primary Care Commissioning Committee (SEL PCCC) is asked:</p> <ul style="list-style-type: none"> To endorse the SEL Patient Allocation paper and agree to adopt the process as outlined, which is in line with the NHS England Primary Medical Care Policy & Guidance Manual (PGM). To note that there will be some financial implications as a result of both the back-log allocations required and future allocations, which are unavoidable given delegated CCGs are required to adopt the PGM. Be assured that by adopting the SEL process, commissioners will be discharging their responsibility to ensure patients can continue to access primary medical care services following a practice closure in the event a patient has not registered with another local practice. Note that the back-log process will be overseen by SEL PCT officers in co-operation with the relevant borough, and that any decisions relating to specific financial support for practices receiving patients that require allocating is reserved for the SEL PCCC. In light of LWLMCs raising a number of points of clarification (page 7 refers) about the process, that it should be reviewed in 6 -9 months' time, which will include engagement with LWLMCs, and any material amendments brought back to the PCCC for endorsement. 	
Summary	<p>Introduction and Background With effect from 1st April 2018, the NHS England Primary Medical Care Policy and Guidance Manual (PGM) includes the requirement to allocate un-registered patients following a list dispersal (i.e. patients being asked to register with a practice of their choice that covers their home address). Commissioners are responsible for ensuring patients can continue to access primary medical care</p>	

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services following a practice closure in the event the patient has not registered with another local practice. The SEL Patient Allocation Process document outlines the process and the key considerations for officers, but does not consider what support should be provided to practices receiving patients that require allocating, which will be considered by boroughs on a case by case basis, with any decisions relating to specific financial support reserved for the SEL PCCC.

Current Status

There are 17 practices across South East London that had closed down and had their list dispersed between April 2017 and to date. Out of the 17 practices 8 had closed prior to April 2018 when the requirement for patient allocation was introduced.

The clinical system and the NHS Spine have already closed for 4 of the 8 practices and the relevant CCG will need to request that Primary Care Support England (PCSE) now close the NHS Spine for all but one practice that had closed before April 2018. For the one contract that closed at the end of January 2018 (Y02957, Hurley at Waldron) three months before the requirement to allocate became effective, the CCG will apply the patient allocation process for that patient list as well, taking into account the number of patients that appear still to not have re-registered with another local practice.

The process was piloted in Bromley and the allocation process has been completed for Cross Hall surgery which had closed 31st January 2019.

Therefore, the retrospective patient allocation process needs to be completed for 12 practices, including the one that had closed in January 2018 and excluding the Bromley pilot site.

As of 09th April 2020 the total number of remaining registered patients, who should be considered for the retrospective allocation process, across SEL is 6,179. However, this number includes those who have not been seen or have had a consultation for 5 years or more. Therefore, the estimated number of patients who will need to be allocated is circa 5,800 -6,179. It has not been possible to confirm the correct number of patients as it has not yet been possible to interrogate all clinical systems to establish the number of patients who have not been seen for 5 years or identify those considered out of are registered patients.

Furthermore, there are 4 practices that closed at the end of March 2020 and the principle of automatic removal of patients who have not been seen for 5 years was applied on the 30th March 2020 when the latest data was obtained from PCSE.

Appendix 1 shows the SEL position based on the 09th April 2020 list size information.

Patients have not been allocated for a number of reasons which are:

- Prior to the publication of the updated PGM in August 2019 there was a lack of clarity about the process and responsibilities. In the past PCSE had allocated patients but since then it's been confirmed that it is no longer doing bulk allocation.
- Concerns about GDPR compliance as officers should not deal with patient identifiable information
- Officers/Team capacity to carry out this work in addition to the day to day

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workload

- Some clinical systems are now closed and some are managed by a caretaker or the CCG.

It is important to note that as part of a practice closedown, there is a requirement to ensure vulnerable patients have been identified and been supported to register with another provider prior to the practice closure.

The Allocation Process

Patients who have not re-registered at the time of the practice closure should normally be allocated as soon as possible by the SEL PCT and this will be enacted for any ongoing and future closures.

As part of the close down process patients will receive 3 letters which are:

- Patients are contacted in the first instance, at least two months before the planned practice closure, advising them of the list dispersal and available options (i.e. neighbouring practices accepting patients)
- In the event of no response or no registration at another practice, patients are re-contacted, a month after the first letter was issued, advising them again of the list dispersal and available options (i.e. neighbouring practices accepting patients).
- The patient should also be advised at this point that, in order to prevent risk to ongoing patient care, particularly in vulnerable patient groups, that patients who do not re-register or contact the commissioner to advise them that they do not wish to be registered with a GP, will be allocated to another practice.
- In the event of no response or no registration at another practice following the second reminder, and text messages (if applicable), patients **must be allocated** to a GP practice (except where they have not been seen or received treatment for 5 years or more – as confirmed by the GP provider responsible for the clinical system at that time).
- The outgoing provider is also responsible for contacting patients who live outside their catchment area to inform them that the practice is closing and to find another GP within 30 days, subject to there being sufficient time to complete this task. After the 30-day period the patients will be removed automatically from the practice list.
- The patient must then be notified in writing of the allocation, the reason for the allocation and of their rights under the NHS Constitution to de-register, or re-register at an alternative GP practice should they wish.

In respect of the practices that have already closed since NHS England's policy was established on 1st April 2018, patients would have already received two letters. Therefore, SEL PCT officers only need to issue the allocation letter for those patients who have been seen in the last 5 years and live in the respective borough. For those patients whose address is not within the borough boundary patient details will be passed to the relevant STP geographic PC team if a patient resides in one of the London boroughs outside of SE London for their allocation to be carried out locally.

The detailed allocation process is described in section three of the attached Allocation Process. There will be some changes that are required to historically allocate patients, which will be managed at officer level, in collaboration with the relevant Borough Primary Care Lead, as there is insufficient staff capacity to manage the volume of these historic allocations.

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	<p>The PCCC should be aware that there are a number of important considerations that officers will take into account when carrying out both historic and future allocations. These are set out in section four of the attached process paper and are based on the experience of the London Primary Care Teams which have already adopted the allocation process.</p> <p>Finally, section five of the process in the attached paper sets out the roles and responsibilities of officers, which is subject to further discussion and agreement in the case of dealing with the backlog.</p>	
<p>Potential Conflicts of Interest and mitigations</p>	<p>There should be no potential conflicts of interest which relate to the process, but potential conflicts of interest may arise when individual dispersal recommendations are considered and subsequent allocations need to be made, based on whether the borough in which the contract closure is taking place is proposing to offer financial support.</p>	
<p>Impacts of this proposal</p>	<p>Key risks & mitigations (and/or BAF reference)</p>	<p>Practice capacity to accept patients due to the COVID-19 pandemic. This is already evident, and officers aim to allocate within the spirit of this Allocation Process, subject to the reported capacity of practices. The first 'workaround' has already needed to be enacted, which has included the detailed engagement of LWLMCs Support in Southwark.</p> <p>Officers' capacity to manage the retrospective patient allocation and possible further delay in completing the process due to the COVID-19 pandemic. Officers will agree a prioritisation process for allocations, which in order to manage the workload, will prioritise allocating patients who have most recently been notified that their GP practices has or will be closing.</p> <p>In the cases of those practices which closed prior April 2019, there might be still vulnerable patients or children remaining registered without a parent/carer. Should this be the case the receiving practice will be asked to prioritise those patients and confirm their status asap.</p>
	<p>Equalities legislation impact</p>	<p>The SEL protocol is in line with the PGM which already considered the relevant legislations.</p>
	<p>Financial impact</p>	<p>As a result of the historic backlog of patients to be allocated, patients who were registered with a practice that closed prior to 1st January 2019 (when the national list size count is undertaken for budget setting purposes for the next financial year) will represent a cost pressure as they will not have been accounted for as registered patients in 2019/20. Some of these patients (numbers will be established as part of the detailed allocation process) will be out of area and therefore represent a cost pressure to</p>

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		<p>CCGs outside of SE London. Referring to the table in Appendix 1, the maximum cost pressure will be £52,900 (based on 529 patients to be allocated at an average cost £100pwp) which may result in a small cost pressure for Lewisham and Southwark boroughs. However, this figure does not currently take into account patients who do not need to be allocated as they have not been seen for over 5 years, nor out of area patients. The net impact is therefore not likely to be material.</p> <p>With regard to future cost pressures as a result of the requirement to allocate patients that have not registered before a practice has closed, this will not result in a cost pressure for the CCG, as patients will have already been budgeted for in the relevant financial year. Equally, it will not be a cost saving for commissioners, as the practice to which patients are allocated will automatically receive contractual payments, whether the patient exists or not. This is mitigated as a result of the process of writing to all patients to inform them to register with another practice prior to its closure, as returned undelivered letters of patients will be removed.</p> <p>Other financial issues that need to be noted are:</p> <ul style="list-style-type: none"> • The allocation letter is no longer 'in scope' (i.e. it is not paid for by NHS England). This results in the commissioner needing to fund the associated postage cost implications. NHS England is currently contributing 50 pence per patient letter if the allocation letter is no more than one sided 1 piece of A4 paper as transitional support. However, normally allocation letters must include a range of information, which means that they tend to be longer than 1 side. • The CCG may incur extra cost if a closed practice's clinical system needs to be re-opened to clear the back log and to remove any remaining patients who are not allocated. To date, officers have not been able to confirm if this is going to be the case. • Those practices that will receive a large number of allocations may ask for financial support to help with the extra workload or have other support needs. • The SEL PCT team has limited capacity to carry out this exercise and will need support. Local borough primary care commissioners may be asked for workforce support, either from their existing resources or to pool together to employ temporary staff for a short period of time to help to clear the back log.
	Impact on patients / service users	There is no negative impact on patients as a result of implementation of the process and associated protocol.
	Impact on other	Some practices may be required to receive a number of

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	practices, including PCNs	<p>allocated patients which may impact on their workload as some manual data entry will be required to enter patients on the practice clinical system.</p> <p>There might be some discrepancy in the data on the closed practice's clinical system and the information provided by PCSE. In some cases, the receiving practice may be required to contact patients and confirm their registration status.</p>
	Estates impact	Should a large number of patients need to be allocated to one practice, the impact on a practice's infrastructure may need to be taken into consideration.
	Workforce impact	Possible capacity issues at receiving practices and SEL PCT officers, particularly at this time.
	Improve quality / safety	<p>Implementation of the allocation process and completing the retrospective allocation ensures that all eligible patients will remain registered with a primary care provider.</p> <p>In the case of those practices which closed April 2019, there might be still vulnerable patients or children remaining registered without a parent/carer. Should this be the case the receiving practice will be asked to prioritise those patients and confirm their status asap.</p>
	Support integration	N/A
	How does the recommendation align with the Borough's primary care strategy?	The requirement for patient allocation is included in the PGM which delegated CCGs are required to adhere to.
Wider support for this proposal	Patient Engagement	The proposed process and protocol is in line with the NHS England PGM requirement and no further patient engagement relating to this policy. It will be required on a case by case basis, when contracts close and patient allocation needs to be enacted.
	Other Committee Discussion/ Borough Engagement	The first draft of the attached Allocation Process was discussed at the South East London Primary Care Executive meeting on 17 th September 2019 and this final version includes feedback from Borough Commissioners and takes into account a pilot in Bromley, which was completed in order to incorporate the learnings. This final version has been endorsed by the above meeting for recommendation for approval to the SEL PCCC.
	Stakeholder engagement,	Some engagement has taken place with LWLMCs but this has not been extensive in the time currently available to

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	including LMC, Health Watch, Scrutiny committee, MP's, Councillors,	either CCG officers or LWLMCs. LWLMCs has acknowledged that the process is in line with the PGM and has requested further engagement on matters relating to how capacity surveys are conducted, the allocation formula/process, clarification on key stages when LMC/LWLMCs should be asked for their input/support and why a financial support package is not part of this process. As such, it has asked for the process to be adopted on an interim basis and a review conducted in 6-9 months' time. A recommendation relating to this request is included on page 1.
	Public Engagement	N/A
Author:	Nóra Simon/Jill Webb	
Job Title:	Assistant Head of Primary Care/Head of Primary Care	
Directorate:	Planning & Commissioning	
Clinical Lead:	Dr Jonty Heaversedge	
Responsible Director:	Christina Windle	
Please append any relevant documents including detailed reports; options appraisals; background documents; national guidance etc.		
List of appendices/ Supporting information	Name of document	
Appendix 1	SEL Allocation Process Paper for SELPCC Remaining Patients Appendix1	
Appendix 2	SEL Patient Allocation Process	

Appendix 1 – South East London Closed Practices: registered patients remaining as at 09th April 2020

Borough	Practice code	Practice name	Date of Closure	Practice list still live on spine	Patient Allocation required	Remaining patients as at 30/03/2020	Patients have not been seen for 5 years	No of patient to be allocated
Greenwich	G83063	Alderwood Road Surgery	31/03/2017	No	No	N/A	N/A	N/A
Greenwich	G83017	Henley Cross Medical Practice	30/04/2017	No	No	N/A	N/A	N/A
Greenwich	G83655	Dr V Agarwal's Practice	31/03/2017	No	No	N/A	N/A	N/A
Greenwich	G83668	Abbeyslade PMS (Dr Sen)	31/03/2017	No	No	N/A	N/A	N/A
Lambeth	G85113	Norwood Surgery	01/04/2017	Yes	No	469	Patients will not be allocated but need to be removed from the clinical system	
Southwark	G85009	St James Church Surgery - Caretaken by QHS CIC	30/04/2017	Yes	No	143		
Southwark	G85097	The Grange Road Practice - Caretaken by BLMM	30/06/2017	Yes	No	558		
Total number of patients to remove from the clinical system						1,170		

Borough	Practice code	Practice name	Date of Closure	Practice list still live on spine	Patient Allocation required	Remaining patients as at 14/01/2020	Patients have not been seen for 5 years and will be removed from the clinical system	No of patient to be allocated
Lewisham	Y02957	Hurley at the Waldron	31/01/2018	Yes	Yes	849	679	170
Southwark	G85712	The Avicenna Health Centre (AT Medics)	30/06/2018	Yes	Yes	359	pending	359
Bromley	G84628	Cross Hall Surgery	31/01/2019	Yes	Yes	0	0	0
Bexley	G83005	Cairngall Medical Practice	31/03/2019	Yes	Yes	609	219	390
Southwark	G85050	Sir John Kirk Close	30/06/2019	Yes	Yes	609	pending	609
Bromley	G84021	Charterhouse Surgery	30/09/2019	Yes	Yes	636	270	366
Southwark	G85082	Maddock Way Surgery	31/03/2020	Yes	Yes	1063	n/a	1063
Southwark	Y00454	Dr Sharma, Borough Medical Centre	31/03/2020	Yes	Yes	1037	n/a	1037
Southwark	G85106	Dr Misra, Borough Medical Centre	31/03/2020	Yes	Yes	828	n/a	828
Greenwich	G83663	Briset Corner - Dr Sennik	31/03/2020	Yes	Yes	1357	n/a	1357
Total number of patients						7,347	1,168	6,179

Patient Allocation Process (in the case of list dispersal) **NHS South East London Clinical Commissioning Group**

Final Draft v 1.13

1.0 Introduction

The updated NHS England Primary Medical Care Policy and Guidance Manual (PGM)¹ was published in August 2019 and the document includes the requirements for allocating un-registered patients following a list dispersal. The requirement to allocate patients has been effective from April 2018 and it included in the previous versions of the PGM but due to a number of questions and concerns raised by Commissioners the process was not consistently followed in London.

Commissioners are responsible for ensuring patients can continue to access primary medical care services following a practice closure in the event the patient has not registered with another local practice. The purpose of this document is to outline the process for allocating patients of practices that have already closed or are in the process of closing down or will close in future.

2.0 Key steps in the case of a list dispersal

This section outlines the key steps officers should follow when a practice list is being dispersed.

- Patients are contacted in the first instance, at least two months (if possible) before the planned practice closure, advising them of the list dispersal and available options (i.e. neighbouring practices accepting patients). These letters should be made available in different languages upon request.
- In the event of no response or no registration at another practice, patients are re-contacted a month after the first letter was issued, advising them again of the list dispersal and available options (i.e. neighbouring practices accepting patients).
- In the event of an unplanned closure, the timescales for patient letters will be dependent upon the date of the planned closure
- The patient should also be advised at this point that, in order to prevent risk to ongoing patient care, particularly in vulnerable patient groups, that patients who do not re-register or contact the commissioner to advise them that they do not wish to be registered with a GP, will be allocated to another practice.
- Only 2 patient letters prior to the practice closure are in scope of the PCSE contract. However, borough commissioners may consider sending text

¹ <https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

message reminders to patients as well to encourage them to re-register as soon as possible.

- In the event of no response or no registration at another practice following the second reminder, and text messages (if applicable), patients **must be allocated** to a GP practice (except where they have not been seen or received treatment for 5 years or more – as confirmed by the GP provider responsible for the clinical system at that time).
- The outgoing provider is also responsible for contacting patients who live outside their catchment area to inform them that the practice is closing and to find another GP within 30 days, subject to there being sufficient time to complete this task. After the 30-day period the patients will be removed automatically from the practice list.
- The remaining patients must then be notified in writing of their allocation, the reason for it and of their rights under the NHS Constitution to de-register, or re-register at an alternative GP practice should they wish.
- It is imperative that at the end of the process, all patient records and any associated data pertaining to patients (including digital records) and any clinical correspondence are transferred to the provider with whom the patient has registered. This process will generally be routine and in any case, is triggered for digital records when the patient registers at an alternative practice.
- For the avoidance of doubt, at the point of closure, the full records of any patients that have not self-registered or been allocated at an alternative GP practice should be printed and sent back to PCSE. Digitalised patient records are not yet accepted by PCSE but the recently published GP contract agreement 2020/21 - 2023/24 suggests this will change in the foreseeable future. Until this is confirmed, printing the full records remains a requirement.
- In circumstances where allocation of patients is not immediately appropriate when a practice closes (e.g. when a practice closes with very short notice), a caretaker provider should be commissioned to manage the GP Clinical system in order to enable more patients to re-register, prior to the allocation process being implemented.
- The GP Clinical system should not be decommissioned until all patients are dispersed, re-registered or allocated.

3.0 The allocation processes

Whilst the NHS Constitution is clear that patients have a right to choose their GP practice, to mitigate against the risk of patients being without care, the Commissioner may temporarily assign a patient to an alternative provider. However, the patient must be advised of their rights under the NHS Constitution to change at any time.

After the PCCC approves a list dispersal, the dispersal process takes place. For all patients who have not registered with a practice of their choice following receipt of the required 2 letters and the closure of practice, the patient allocation process takes place. 3.1. provides the list of actions officers need to follow depending on whether it

is a planned or urgent practice closure, or if the allocation is being done retrospectively.

3.1 List of actions

3.1.1 The process below is for practices that are in the process of closing.

- (a) The outgoing provider is responsible for identifying and contacting all patients who have not been seen or received treatment for 5 years or more and those who live outside the borough boundary. These patients should be informed in writing that their registration with the GP practice will cease at the point of closure and they will no longer be registered with a primary medical care provider, subject to there being sufficient time to complete this task. It is the outgoing contractor's responsibility to ensure that vulnerable patients are not removed inappropriately under this rule.
- (b) SEL PCT officers arrange the letter to patients in the above-mentioned cohorts via PCSE.
- (c) Once the letter has been dispatched to patients the outgoing provider/or the clinical system caretaker is required to send deductions down the GP link to deduct, as though they were sending out of area deductions, stating in the message field that the deduction is due to practice closure e.g. 'please remove due to practice closure'
- (d) The deductions should be actioned straight away or within the 30 days pending period. Whilst patients will be removed from the practice list, they will remain on the spine should they at some point wish to re-register with another practice. Patients will also remain as entries on the Personal Demographics System (PDS) with no GP practice details attached.
- (e) Steps a - d should be completed prior to the closing date therefore, only those patients who need to be allocated remain on the clinical system.
- (f) Officers will request patient data from PCSE using the template spreadsheet (Annex 1)
- (g) Officers will identify the closest 5 practices to patient's individual address – the most efficient way to do this is to use the first part of postcode and the first 2 letters/digits of the second part e.g. SE1 3A_ will include all practices in proximity. The NHS website <https://www.nhs.uk/service-search/GP/LocationSearch/4> can be used to identify when the postcode changes to SE1 3B_ for more results.
- (h) Commissioners to carry out a practice capacity survey prior to dispersal, in order to allocate in accordance with the practice's response on patient numbers; for instance, if practice A stated that they can take 200 patients, then allocate as close to that number as possible. Practices of concern and

those that are known to be closing in the foreseeable future should be excluded. Practices with the highest numbers of patients who could potentially be allocated should be contacted first so that it is clear how many of those patients will be accepted or will need to be allocated to their next closest practice.

- (i) SEL PCT officers will arrange for the allocation letter to be sent via PCSE.
- (j) Practices will receive list of patients allocated to them and will register patients without the need of a completed GMS1 form (accompanying email to also detail of how to process registrations).
- (k) If the receiving practice finds the patient's address is different on the spine to what is on the spreadsheet received from PCSE/Commissioners they need to contact PCSE to check if the patient has re-registered with a new practice or obtain the patient's telephone number and attempt to validate their address. (please see Annex 4)
- (l) Vulnerable patients - Inform the closing practice that they need to make sure that their vulnerable patients are prioritised for registration and it is expected that all vulnerable patients have re-registered by the time of the practice closure. However, in the event of the re-registration process is not completed, any vulnerable patients on lists should be highlighted in a bold colour when a patient list is sent to a practice.

3.1.2 The process below is for allocations carried out retrospectively

- (m) Officers (Commissioners) to arrange access to the clinical system. This can be via the existing clinical caretaker organisation or an appointed practice or GP Federation.
- (n) Patients who have not been seen or have had an appointment for 5 years or more and patients whose address is outside the borough/STP boundary are identified by the clinical system caretaker and provided to SEL PCT officers
- (o) SEL PCT officers to instruct PCSE to remove those patients as Other Reason (o/r) due to practice closure from the practice code.
- (p) Officers to complete the allocation process following steps f – l above.

3.2 Managing the clinical system after the practice has closed

- Closing practice clinical system – a local practice may need to be 'procured' to caretake the closing practice's clinical system for at least a month. EMIS can keep the system open for up to 90 days, at no extra cost.
- Practices may be invited asap, and their proposal submitted. London STP's Primary Care Teams have adopted an Expression of Interest (EOI) process. EOI email with template may be sent to a selection of practices within area. Please see Annex 5 and Annex 6.

- The successful caretaker provider should be informed and asked to contact the relevant IT team for set up of access.

4.0 Key considerations for officers

This section below is based on the experience of the London Primary Care Teams which have already adopted the allocation process.

- The PGM does not specify timescales for completing the allocation process therefore a local agreement is required. However, it does state that at the point of closure, all patients that have not self-registered at an alternative GP practice should be allocated to another GP practice (except where they have not been seen or received treatment for 5 years or more).
- Allocating patients as soon as the practice close down process has finished may not be reasonable as it is likely that a large number of patients are in the process of re-registering with local practices. Therefore, it is suggested that the speed of the allocation process is reviewed and agreed by commissioners on a case by case basis².
- Two patient letters are in scope therefore PCSE will process them free of charge.
- Alternatively, if boroughs have the infrastructure text message reminders can be sent to patients. There is a risk however, that the patient's phone number has changed, or a mobile number was not recorded.
- The allocation letter is no longer in scope; therefore, the commissioner is responsible for the associated postage cost implications. Since late 2019, NHS England offers a 50 pence contribution per patient letter if the allocation letter is no more than 1 piece of A4 paper, one sided, in black and white and will be sent via second class post. This is subject to change.
- Patients living outside SEL or out of area (OOA) patients are not allocated by the SEL PCT but de-registered as o/r from the clinical system.
- For ongoing or future practice closures it is expected that the outgoing provider removes out of area patients as part of the practice closedown process, unless registered patients who live outside the SEL catchment area live inside the closing practice's catchment area. Officers should inform the Local and Londonwide LMCs
- It is important to keep all the surrounding practices engaged in the process and copied into all patient letters and FAQs and ensure that they follow good practice in relation to registration of patients. Some practices may wish to attend the patient event at the closing practice, particularly if they wish to take on new patients.
- The practice capacity assessment - for the purpose of patient allocation - is different to a 'normal' capacity assessment when a practice will potentially have to deal with an influx of new patient registrations. Officers should discuss with practices accepting a large number of patients the potential impact of

² This will depend on the lead in time there is to deal with practice closures and how quickly patients need to find a new practice. This will be different in the case of a planned or unplanned closure.

their QOF and PMS KPI (if applicable) achievement. This will depend on the number of patients and when those patients are allocated to the practice.

- Allocations made in the first half of the financial year potentially have less impact on the practice achievement than allocating patients in the second half of the year or after 1st January. There are also financial implications on the delegated primary care budget of each boroughs.
- It is important to be aware of the expectations of receiving practices which might seek financial support.
- The Local and Londonwide LMCs should be aware and have the opportunity to comment on specific allocations.
- Other operational considerations are included in the footnote below³

5.0 Information Governance

There have been concerns about the suggestion of local primary care teams accessing and handling patient identifiable information. Officers sought further advice and assurance from the NHS England and Improvement (NHSE&I) Information Governance Lead and the Primary Medical Care Policy Lead in relation to the concerns raised by borough Primary Care Leads.

It has been confirmed that the allocation of patients is to facilitate continuity of access to direct care, therefore the lawful basis for processing the data for the purposes of re-allocation falls under the General Data Protection Regulation (GDPR) Articles 6, 1 (e), and 9, 2 (h), specifically the 'Management of Health and Social Care systems and services'. An extension of this, by processing relevant information on the GP clinical systems, i.e. patient demographic data, is not unlawful for this purpose.

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- ³ Officers needs to be mindful of potential data errors when manipulating these large data sets so undertake spot checks to ensure that there are no data errors and request PCSE to also undertake spot checks.
 - Practices should be made aware that if a patient is indicated on the Personal Demographic Service (PDS) or GP2GP system as registered with another practice then the allocation should not be processed.
 - Registering practices need to enter some patient data such as address, NHS Number and DOB manually in order to be able to accept GP2GP registration links.
 - Registering practices should be advised to ensure any children allocated to their list has their parent/guardian registered with them.
 - If a patient is inappropriately allocated to practices in circumstances where they have previously been removed because the relationship has broken down, it is only possible to change the allocated practice, once the patient has had the letter informing them of their allocated practice.
 - There might be patients who have passed away since the practice was closed and if they had not re-registered, their patient record may not be up to date. Officers won't be able to access the accuracy of the information and allocation letters may be sent inappropriately.

However, it is recommended/required that an overarching South East London Data Protection Impact Assessment (DPIA) has been developed and each borough complete their local section as necessary.

6.0 Roles and responsibilities

The allocation process is complex and time consuming therefore it is suggested that roles and responsibilities are shared between officers of the SEL PCT and individual boroughs.

The table below shows the key tasks need completing:

SEL Patient Allocation Process - Roles and responsibilities		
Task	Responsible officer	Timeline
Identifying vulnerable patients and support their re-registration. For ongoing safeguarding cases/issues inform Local Authority and relevant stakeholders and arrange a handover.	Contractor	This should be done before the date of practice closure
Identifying patients who have not been seen or have had consultation for 5 years or more and those who live outside the borough boundary.	Contractor (for any ongoing and future practice closures)	When possible, 6-8 weeks before the date of practice closure
Officers to arrange the appropriate letter for registered patients including the above-mentioned cohort.	SEL PCT officers	Before the date of practice closure
Contractor or the clinical system caretaker to send deduction links to PCSE stating the removal is due to the closure of the practice.	Contractor	Soon after the patient letters have been dispatched and before the date of practice closure
Request patient data from PCSE (this will be the list of patients who need to be allocated).	SEL PCT	As agreed by commissioners
Identify the 5 closest practices to the patient's home address and provide details (table) to borough officers.	SEL PCT (and if applicable borough) officers	This is likely to be the most time-consuming task but as it is a simple search on the NHS website it is envisaged that a junior officer can complete this task.

Review practices and establish if it is appropriate to allocate patients (don't allocate to practices of concern or practices that are due to close).	SEL PCT and borough officers	
Local capacity assessment.	Borough officers	Ongoing and future closures: this is done as part of the strategic review. For closed practices, asap after the 5 closest practices have been identified
Complete 2nd and 3rd tab (if applicable) of the PCSE template 2nd tab - add practice details where the patient is going to be allocated to 3rd tab - identify any Out of Area (OOA) patients (if applicable).	SEL PCT and borough officers	This is a manual data entry process and it likely to be time consuming
Send a copy of the patient allocation letter to PCSE with the completed spreadsheet.	SEL PCT	As appropriate
Send a follow up email with the list of allocated patients to those practices to where patients are allocated.	SEL PCT	As appropriate
Practices identified will receive list of patients allocated to them and will register patients without the need of a completed GMS1 form (accompanying email to also detail of how to process registrations).	PCSE and practices	As appropriate
Respond to practice and or patient queries.	SEL PCT	As needed
PCSE to close practice code on the NHS Spine.	SEL PCT	Once the allocation process has been completed.

7.0 Annexes

Annex 1 – Spreadsheet to request patient data from PCSE



PCSE_PatientAllocationTemplate.xlsx

Annex 2 – Patient allocation letter templates



Annex_2a_SEL_AllocationLetterSample_v1.docx



Annex_2b_SELPatientLetter_notseenfor5yrs.docx



Annex_2c_SELPatientLetter_OOA.docx

Annex 3 - Draft email to receiving practices (with instructions)



Annex_3_DraftEmailToReceivingPractices.docx

Annex 4 – Expression of Interest template for managing the clinical system (caretaking)



Annex_4_SEL_SLAforManagingClinicalSystem.docx

Annex 5 – Expression of Interest email for clinical system caretaking



Annex_5_SEL_EoI_EmailForCaretakingClinicalSystem.docx

Annex 6 – Bromley CCG Pilot – Evaluation Report



Annex_6_BromleyCCGPilot_EvaluationReport.docx