

**To: All Practices in Surrey and Sussex LMCs**

12<sup>th</sup> February 2016

Dear Colleagues

**Practice Registered Lists: Capping.**

The LMC has received a number of queries from practices who were considering applying to close or cap their practice list. I am now writing to all GP practices within the Confederation, enclosing background guidance that has been sent to individual enquiring practices.

Last year, in January 2015, the GPCs 'Quality First: Managing Workload' document included, under Part 8 'List Management' a reference to the ability of GP practices to decline to register new patients if by doing so this would protect the quality of patient services for those already registered at the practice. Over the past year it is clear that the demands on GP colleagues have continued to increase, both in terms of workload but also capacity, which make maintaining the quality and safety of General Practice services more challenging.

As colleagues will be aware, any practice can apply, under Paragraph 29 of Schedule 6, Part 2 of the NHS (GMS Contracts) Regulations (as amended) to close their list. PMS Contracts outline a similar process. NHS England or (for those practices where their CCG has taken on delegated (level III) co-commissioning responsibilities) the CCG have an application form to complete for practices wishing to apply to close their lists. As part of this process, NHS England (or the CCG) will request the views of local practices, and the CCG, which in the case of delegated CCGs will require a novel approach, in terms of the practices application. The practice will be asked to explain why it is requesting list closure, and what steps it has taken to avoid this. It is important to note that the final decision, permitting a practice to close its list, or denying the application, is made by NHS England (or the CCG). Practices do not have control over the outcome of this decision, although it is possible to appeal it. If agreed the list can be closed for up to twelve months.

Capping the practice list is a decision made by the practice, based on the quality and safety of services that can be delivered to patients. Last year the LMC attempted to agree guidance with NHS England (Surrey and Sussex) in terms of how this process would operate. Further guidance was also expected from NHS England, but this has not become available. It was not possible to achieve a jointly agreed approach, but NHS England is aware of the guidance being sent by the LMC to all practices. The LMC recommends that all practices inform NHS England if they plan to cap their list.

Practices should also note that when their lists are formally closed, under Regulation 33, it is very difficult for patients to be allocated. If a practice caps their list, the allocation process is unaffected.

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Practices can continue to provide current DES, Locally Commissioned (Enhanced) Services, and Public Health Commissioned Services, whilst their lists are closed or capped and there is no provision within the Regulations that precludes a practice from continuing to deliver such services in such circumstances, or undertaking newly commissioned services.

Practices should be aware that NHS England believe that, should a practice wish to stop accepting new patients, that practice should apply to close their list. There is no requirement within the Regulations for practices that decide to cap their list to concurrently, or after a short period of time, apply to close their list under Paragraph 29. The LMC recommends that practices see the two processes as distinct and only apply to close their list if they wish to do so.

If practices do cap their lists and therefore decline to register all new patients, there are certain regulations that apply: in particular, practices must inform applicants for registration in writing of the reason for declining to register and keep a record of this, and these records must be made available to NHS England (or a delegated CCG) on request. The applicable Regulations are listed in Appendix 1:

## **APPENDIX 1**

### **Refusal of applications for inclusion in the list of patients or for acceptance as a temporary resident**

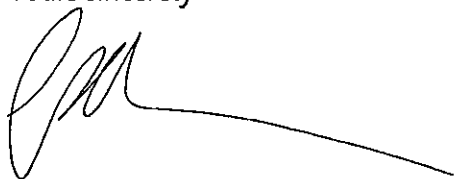
- 17.—(1) The contractor shall only refuse an application made under paragraph 15 or 16 if it has reasonable grounds for doing so which do not relate to the applicant's race, gender, social class, age, religion, sexual orientation, appearance, disability or medical condition.
- (2) The reasonable grounds referred to in paragraph (1) shall, in the case of applications made under paragraph 15, include the ground that the applicant does not live in the contractor's practice area.
- (3) A contractor which refuses an application made under paragraph 15 or 16 shall, within 14 days of its decision, notify the applicant (or, in the case of a child or incapable adult, the person making the application on their behalf) in writing of the refusal and the reason for it.
- (4) The contractor shall keep a written record of refusals of applications made under paragraph 15 and of the reasons for them and shall make this record available to the Primary Care Trust on request.

The LMC has also sought in the accompanying guidance to minimise the disruption that may be caused to patients by list capping and recommends practices agree, and follow, a clear practice policy when implementing this decision. It may well be that practices can anticipate reason(s) for needing to cap their list will be temporary, and so will do so for a fixed period of time. Some practices may feel this approach is needed for an indefinite period. Clearly there are other practices who wish to increase their list size and will be pleased to do so.

The LMC will support any practice that, for appropriate reasons, wishes to cap (or close) their list and if practices have any queries please do not hesitate to contact the LMC Office.

With best wishes.

Yours sincerely



Dr Julius Parker  
**Chief Executive**