

**1) Sustainability Framework: Risk Matrix (including guidance notes)**

<b>Area</b>	<b>Indicator</b>		<b>Ranking</b>	<b>Info. source</b>
<b>Demographics:</b>	Open/closed list	Open	<i>Low</i>	<i>Health Board</i>
		Closed	<i>High</i>	
	Welsh index of multiple deprivation ( <i>WIMD % of patients living in the two most deprived fifths</i> )	<10%	<i>Low</i>	<i>Health Board/ PHW</i>
		10 – 20%	<i>Medium</i>	
>20%		<i>High</i>		
<b>Premises:</b>	Number of sites/branch surgeries	1 site	<i>Low</i>	<i>Health Board</i>
		>1 site	<i>Medium</i>	
		>3 sites	<i>High</i>	
	Condition of premises; <i>(practices with more than 1 site will be ranked against a judgement of the total estate condition)</i>	adequate/ new or approved funding	<i>Low</i>	<i>Health Board</i>
		Poor, but working towards improving	<i>Medium</i>	
		Poor quality	<i>High</i>	
<b>Workforce – General Practitioner</b>	Partnership/singlehanded	Partnership	<i>Low</i>	<i>Health Board</i>
		Singlehanded	<i>High</i>	
	Patient 000's per WTE GP	<2000	<i>Low</i>	<i>Health Board</i>
		>2000	<i>Medium</i>	
		>2500	<i>High</i>	
	Age profile <i>(individual GP ages will be used to give an overall rank for age profile)</i>	< 50 years	<i>Low</i>	<i>Practice</i>
		50 -55 years	<i>Medium</i>	
		>55 years	<i>High</i>	
	Current vacancies Linked to % of WTE	<10%	<i>Low</i>	<i>Practice</i>
		10 – 20%	<i>Medium</i>	
		>20%	<i>High</i>	
	Length of vacancies	< 6 months	<i>Low</i>	<i>Practice</i>
		6 months	<i>Medium</i>	
		>6 months	<i>High</i>	
	Reliance on locums	<i>Adhoc</i>	<i>Low</i>	<i>Practice</i>
<i>Regular</i>		<i>Medium</i>		
<i>Constant</i>		<i>High</i>		
<b>Local Service provision</b>	Nursing/Residential homes	<i>No</i>	<i>Low</i>	<i>Health Board (SSP)</i>
		<i>Yes</i>	<i>High</i>	
<b>Income Streams</b>	Income loss arising after MPIG redistribution (as a % of GSE).	<10%	<i>Low</i>	<i>Health Board</i>
		10% - 15%	<i>Medium</i>	
		>15%	<i>High</i>	
<b>Access to services</b>	Opening hours (per site) - recent changes	<i>No</i>	<i>Low</i>	<i>Practice</i>
		<i>Yes</i>	<i>High</i>	
	Opening hours (per site) proposed changes	<i>No</i>	<i>Low</i>	<i>Practice</i>
		<i>Yes</i>	<i>High</i>	

## 2) Sustainability Framework: Supplementary Information

		Information source
<b>Demographics:</b>	➤ Practice List Size (as at beginning of latest ¼ )	SSP
<b>Premises:</b>	<ul style="list-style-type: none"> <li>➤ Sites: Owned/rented</li> <li>➤ Notional Rent/Cost Rent Scheme</li> <li>➤ Branch Surgery closure request</li> </ul>	Health Board
<b>Workforce:</b>	<b>GPs</b>	
	<ul style="list-style-type: none"> <li>➤ Number of partners – principals /salaried</li> <li>➤ Anticipated vacancies &lt;12 months, 12-24 months</li> <li>➤ Throughput of GPs in previous 2 calendar years</li> <li>➤ Access/availability of locums</li> <li>➤ Training practice/ Retainer Practice</li> </ul>	Practice
	<b>Practice Nurses:</b>	
	<ul style="list-style-type: none"> <li>➤ WTE Practice Nurses per WTE GP</li> <li>➤ Number of Advanced Nurse Practitioners per WTE GP</li> <li>➤ Number of Health Care Support Workers per WTE GP</li> <li>➤ Current vacancies</li> <li>➤ Anticipated vacancies: &lt;12 months, 12-24 months</li> </ul>	Practice
<b>Local Service provision:</b>	<b>Other:</b>	
	<ul style="list-style-type: none"> <li>➤ List size profile – Registration ons/ offs and net effect</li> </ul>	SSP
	<ul style="list-style-type: none"> <li>➤ Access to other local services eg: Specialist Nurses</li> <li>➤ Integration of community teams (location/communication)</li> <li>➤ Distance to District General Hospital</li> <li>➤ Size/ spread of practice area/ population split across area</li> </ul>	Practice
<b>Income streams:</b>	<ul style="list-style-type: none"> <li>➤ Location of neighbouring practices and characteristics</li> <li>➤ Rural/urban cluster profile classification</li> </ul>	Health Board/ PHW
	<ul style="list-style-type: none"> <li>➤ Total GMS income/GMS income per patient</li> <li>➤ Other NHS income e.g. community hospital SLAs, dispensing, prescribing incentive scheme</li> </ul>	Health Board/SSP
<b>Access to services:</b>	<ul style="list-style-type: none"> <li>➤ Practice full accounts and cash flow forecasts</li> <li>➤ Private income</li> </ul>	Practice
	<ul style="list-style-type: none"> <li>➤ Appointment book activity (sessions across all Health Care Professionals)</li> <li>➤ Booking Systems and DNAs ( MHOL/text messaging/ triage)</li> <li>➤ Provision of services/clinical sessions offered</li> <li>➤ Enhanced service participation – recent/planned changes</li> </ul>	Practice
<b>Clinical Governance:</b>	<ul style="list-style-type: none"> <li>➤ CGPSAT results</li> <li>➤ No: of complaints</li> <li>➤ No: of GP appraisals outside of expected MARS appraisal</li> <li>➤ Childhood Immunisation Rates: &lt;90, 90 – 94, &gt;95</li> <li>➤ AWMSG Prescribing indicators: - top 25% / middle two/ bottom 25% quartile, including cost per PU</li> <li>➤ PPV error rates</li> </ul>	Health Board/SSP/ PHW
<b>Other:</b>	<ul style="list-style-type: none"> <li>➤ Sustainability actions taken by the practice to date</li> <li>➤ Sustainability actions the practice wish to progress</li> <li>➤ Cluster engagement</li> <li>➤ Additional known changes within the next 12 months</li> </ul>	Practice

## Sustainability Framework: Risk Matrix guidance notes

Area	Indicator	Guidance notes
<b>Premises:</b>	Number of sites/branch surgeries:	To include both open and temporarily closed branch surgeries
	Condition of premises;  <i>(practices with more than 1 site will be ranked against a judgement of the total estate condition)</i>	Further information to follow
<b>Workforce – General Practitioner</b>	Partnership/singlehanded	As detailed in the contract agreement between the practice and the Health Board
	Age profile <i>(individual GP ages will be used to give an overall rank for age profile)</i>	To include all substantive GPs including principals and salaried posts.
	Length of vacancies	To be based on the longest vacancy for either a principal or a salaried GP
	Reliance on locums	<i>Adhoc:</i> to include sessions covered for sickness or annual leave purposes.
		<i>Regular:</i> recurring sessional support required
<i>Constant:</i> Considered as part of the practices regular workforce		
<b>Local Service provision</b>	Nursing/Residential homes	To include GMS provision only
<b>Access to services</b>	Opening hours (per site) - recent changes	Relating to a reduction in hours only
	Opening hours (per site) proposed changes	Relating to a reduction in provision only.

## **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.

**Sustainability Assessment Framework: Information to be provided by GP practices**

		Information Source	Details
<b>Demographics:</b>	Practice List Size ( <i>unweighted, as at beginning of latest ¼</i> )	SSP	
<b>Premises:</b>	Sites: Owned/rented	Health Board	
	Notional Rent/Cost Rent Scheme		
	Branch Surgery closure request		
<b>Workforce:</b>	<b>GPs</b>		
	Number of partners <ul style="list-style-type: none"> <li>➤ Principals</li> <li>➤ Salaried</li> </ul>	Practice Details to be provided by GP practice	
	Anticipated vacancies <12 months, 12-24 months <ul style="list-style-type: none"> <li>➤ Principals</li> <li>➤ Salaried</li> </ul>		
	Throughput of GPs in previous 2 calendar years <ul style="list-style-type: none"> <li>➤ Principals</li> <li>➤ Salaried</li> </ul>		
	Access/availability of locums <i>Please provide details of your arrangements e.g. what efforts have been made to attract locums/recruit GPs</i>		
	Training practice/ Retainer Practice <i>Please give details of numbers of trainers/trainees/retainers/sessions worked/vacancies</i>		
	<b>Practice Nurses:</b>		
	WTE Practice Nurses per WTE GP	Practice Details to be provided by GP practice	
	WTE Advanced Nurse Practitioners per WTE GP		
	WTE Health Care Support Workers per WTE GP		
Current vacancies <ul style="list-style-type: none"> <li>➤ Practice nurse</li> <li>➤ ANP</li> <li>➤ HCSW</li> </ul>			

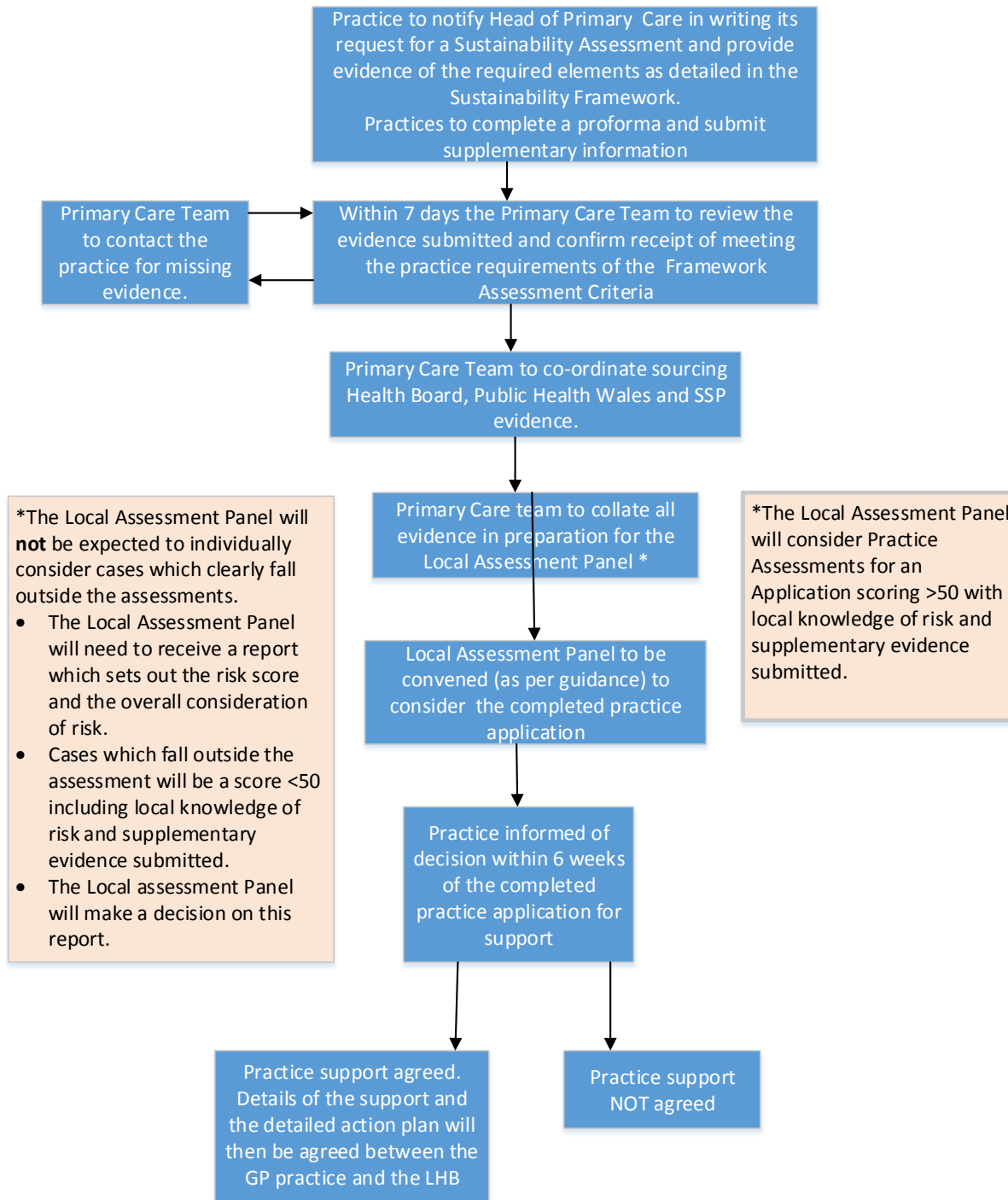
	Anticipated vacancies: <12 months, 12-24 months <ul style="list-style-type: none"> <li>➤ Practice nurse</li> <li>➤ ANP</li> <li>➤ HCSW</li> </ul>		
	<b>Other:</b>		
	Clinical skill mix <i>Please provide information on any other clinical staff</i>	<b>Practice Details to be provided by GP practice</b>	
	WTE Prescribing Pharmacist		
	Business Manager/ Experience of Business Manager <i>(includes Practice Manager)</i>		
Other vacancies			
<b>Local Service provision:</b>	List size profile – Registration ons/offers and net effect <i>(latest 12 month period)</i>	SSP	
	Access to other local services <i>Please describe e.g. Specialist Nurses, Community Hospitals, Minor Injury Units etc</i>	<b>Practice Details to be provided by GP practice</b>	
	Integration of community teams <i>(location/communication – please describe)</i>		
	Distance to District General Hospital <i>(to include distance to Acute Admissions/A&amp;E Hospital)</i>		
	Size/ spread of practice area/ population split across area <i>It would be useful if you could supply an up to date map of what you consider to be your practice boundary</i>		
	Location of neighbouring practices and characteristics	<i>Health Board/PHW</i>	
Rural/urban cluster profile classification			
<b>Income streams:</b>	Total GMS income/GMS income per patient	<i>Health Board/SSP</i>	

	Other NHS income e.g. community hospital SLAs, dispensing, prescribing incentive scheme		
	Practice full accounts and cash flow forecasts <i>(Latest 2 financial years)</i>	<i>Practice</i>	
	Private income <i>(Latest 2 financial years)</i>	<b>Details to be provided by GP practice</b>	
<b>Access to services:</b>	Appointment book activity (sessions across all Health Care Professionals) <i>(Latest 2 quarters)</i>	<i>Practice</i>	
	Booking Systems and DNAs ( MHOL/text messaging/ triage) <i>(Latest 2 quarters)</i>	<b>Details to be provided by GP practice</b>	
	Provision of services/clinical sessions offered <i>Please include any privately contracted non GMS services</i>		
	Enhanced service participation – recent/planned changes		
<b>Clinical Governance:</b>	CGPSAT results <i>(Latest 2 years)</i>	<i>Health Board/SSP/ PHW</i>	
	No: of complaints <i>(Latest 2 years)</i>		
	No: of GP appraisals outside of expected MARS appraisal <i>(Latest 2 years)</i>		
	Childhood Immunisation Rates: <90, 90 – 94, >95 <i>(Latest 2 years)</i>		
	AWMSG Prescribing indicators: - top 25% / middle two/ bottom 25% quartile, including cost per PU <i>(Latest 2 years)</i>		



	PPV error rates <i>(Latest 2 years)</i>		
<b>Other:</b>	Sustainability actions taken by the practice to date	<i>Practice Details to be provided by GP practice</i>	
	Sustainability actions the practice wish to progress		
	Cluster engagement	<i>Health Board</i>	
	Additional known changes within the next 12 months	<i>Practice Details to be provided by GP practice</i>	

## SUSTAINABILITY ASSESSMENT PROCESS



## REJECTION OF PRACTICE SUSTAINABILITY SUPPORT APPEALS PROCESS

