**GP Practices Mergers and Closures form**

**Information for GP Practices and NHS Organisations**

This GP Practice Mergers and Closures form is to be completed for each individual case of a Practice Merger or Closure. PCSE should be notified of a practice merger or closure **at least six weeks** prior to the planned change. For large changes involving many GP Practices, it is advisable to contact PCSE sooner (as early as possible) to allow us to guide you through the process and plan what needs to be done.

Please note that to advise PCSE of any impending GP Practice Mergers or Closures, your form will need to include information in all the mandatory fields, failure to provide this information may lead to a delay in the processing of your request.

Completed forms need to be emailed to pcse.practicechanges@nhs.net, with the subject ‘**GP practice closure or merger**’and the ODS codes of the closing or merging practices.

For more information about practice list dispersals, bank account changes, and GP Pension implications please visit the [Practice Mergers and Closures page in PCSE Online](https://pcse.england.nhs.uk/services/practice-mergers-and-closures).

**Important Notice:** Please ensure you download and save all necessary payments statements

before submitting this form. For any amendments or details required following the closure of a

practice, please contact the ICB directly. PCSE cannot provide access to statements for closed

practices or handle reconciliations; these must be addressed with the ICB.

**How to complete this form**

**Where you need to provide a Yes or No answer, click the appropriate grey check box.**

**Where you need to provide information, click in the grey text box and start to type. The text box will expand accordingly.**

By answering the questions below, you will know which sections to complete. Please do not provide a ‘Yes’ answer to both of the following questions; a closure as a result of a merger should be treated as a merger (Section 2, 3, 4)

|  |  |  |
| --- | --- | --- |
| **This notification relates to a Practice Closure - please complete sections 1,3,4)** | Yes [ ]  | No [ ]  |
| **This notification relates to a Practice Merger - please complete sections 2,3,4)** | Yes [ ]  | No [ ]  |

**Section 1 Practice Closures**

**Section 1a: Details of the closing practice**

**Guidance**

Please note that all fields in this section are mandatory and must be completed.

|  |  |
| --- | --- |
| **GP Practice name**  |       |
| **Practice code** |       |
| **Full address and post code** |       |
| **Phone number** |       |
| **Practice contact name and email address** |       |
| **Reasons for closure**  |  |
| **Confirmation of Contract End Date** | e.g. 02/01/2024 |
| **Confirmation of effective date for practice clinical system closure** | e.g. 01/01/2024      |

**Section 1b: Details of the GPs and Non-GP Partners at the closing practice**

**Guidance**

Please confirm the status and current role of each individual performer at the practice.

|  |  |  |
| --- | --- | --- |
| **1** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |

|  |  |  |
| --- | --- | --- |
| **2** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |

|  |  |  |
| --- | --- | --- |
| **3** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |

|  |  |  |
| --- | --- | --- |
| **4** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |

|  |  |  |
| --- | --- | --- |
| **5** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |

|  |  |  |
| --- | --- | --- |
| **6** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |

|  |  |  |
| --- | --- | --- |
| **7** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |

|  |  |  |
| --- | --- | --- |
| **8** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |

|  |  |  |
| --- | --- | --- |
| **9** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |

|  |  |  |
| --- | --- | --- |
| **10** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |

|  |  |  |
| --- | --- | --- |
| **11** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |

**Section 1c: GP Patient List**

**Guidance**

**Please note**: It is recommended, where possible, that practice lists are transferred rather than dispersed.

|  |  |
| --- | --- |
| **Please confirm if the GP patient list is to be transferred or dispersed?** | GP Patient List Transfers [ ]  (please complete sub-section (i)GP Patient List Dispersed [ ]  (please complete sub-section (ii) |
| **Practice patient list size (as of today)** |  |

**Sub-section (i) GP Patient List Transfers**

Please provide details of the practice that the patient lists will transfer to.

|  |  |
| --- | --- |
| **GP Practice Name** |       |
| **Practice Code** |       |
| **Practice Address** |       |
| **Practice Phone Number** |       |
| **Practice Contact** |       |
| **Patients Registered GP(s)**  |       |
| **Is the New Patient Uplift Fee applicable as part of the clinical transfer** | Yes [ ]  | No [ ]  |
| **Confirmation Date of Clinical Transfer of Patient List** | e.g. 01/01/2024      |
| **Additional Instructions** |       |

**Sub section (ii) GP Patient List Dispersal**

Practice patient list dispersals occur where a practice may close with no details of transfer. Patients are sent a letter informing them to re-register at another practice of their own choice.

Please provide instructions for practice patient list dispersals.

|  |  |
| --- | --- |
| **Additional Instructions** |       |

**Section 1d: Patient Communications**

|  |  |  |
| --- | --- | --- |
| **Do you require letters to be sent out to patients?** | Yes [ ]  | No [ ]  |
| **Date letters to be sent** | e.g. 01/01/2024      |
| **Please attach a copy of the letter to be sent** | Letter templates are advised to be in Microsoft Word format. |
| **Additional instructions** |       |

**Section 1e: Medical Records Transfer**

**Guidance**

**Process leading up to the closure**

Practices should continue to use the tracking labels provided to make medical records available on your designated collection day for patients who deregister in the lead up to the practice closure.

**Booking a collection and the day of the collection**

* For Closures via Managed Dispersal (typically a managed dispersal is when another practice takes the patients):

Where the patient list is being transferred to another practice, it is assumed that the medical records will need to be collected from the closing practice and delivered to the main surgery of the receiving practice.

* If PCSE are not required to provide secure courier transfer of medical records:

GP Practice must ensure that each individual medical record is securely bagged or boxed to be transported to the new location.

GP Practice will email PCSE a list of all the patient NHS numbers of the medical records transferred, so that medical record movement records can be updated. Please email pcse.adhoc-mr@nhs.net

* If PCSE are required to provide secure courier transfer of medical records to the new GP Practice:

GP Practice must ensure that each individual medical record is securely bagged or boxed, Polylope bags are available to order on [PCSE Online](https://secure.pcse.england.nhs.uk/). If bagged, the medical records must then be bulk bagged in sacks for courier collection. Sacks are also available to order on [PCSE Online](https://secure.pcse.england.nhs.uk/).

GP Practice will email PCSE a list of all the patient NHS numbers of the medical records transferred, so that medical record movement records can be updated. Please email pcse.adhoc-mr@nhs.net

* If PCSE are required to provide secure courier transfer of medical records to any location other than the new GP Practice:

GP Practice must ensure that each individual medical record is securely bagged or boxed, Polylope bags are available to order on [PCSE Online](https://secure.pcse.england.nhs.uk/). If bagged, the medical records must then be bulk bagged in sacks for courier collection. Sacks are also available to order on [PCSE Online](https://secure.pcse.england.nhs.uk/).

GP Practice will email PCSE a list of all the patient NHS numbers of the medical records transferred, so that medical record movement records can be updated. Please email pcse.adhoc-mr@nhs.net

**Please note:**  PCSE will only deliver to a location other than a GP Practice in accordance with a single GP Practice closure. Any further collections or deliveries to or from this location will be subject to additional charges which will be provided on request.

For Closures via Dispersal (typically a dispersal where patients are told to register themselves at a new practice):

* Where medical records are to be collected from the closing practice and delivered to National Medical Records Storage Facility in Darlington:

GP Practice must ensure that each individual medical record is securely bagged or boxed, Polylope bags are available to order on [PCSE Online](https://secure.pcse.england.nhs.uk/). If bagged, the medical records must then be bulk bagged in sacks for courier collection. Sacks are also available to order on [PCSE Online](https://secure.pcse.england.nhs.uk/).

GP Practice will provide the Courier with a full manifest of the records released, or GP Practice will email PCSE a list of all the patient NHS numbers of the medical records transferred, so that medical record movement records can be updated. Please email pcse.adhoc-mr@nhs.net

If there are any questions or queries regarding digitised medical records, please contact the NHS England medical records digitisation team (england.gprecordsdigitisation@nhs.net)

**Please note:** Additional charges may apply if collections are not requested prior to the practice closure.

|  |  |
| --- | --- |
| **Date medical records to be collected** | e.g. 01/01/2024      |

**Section 1f: Finance information**

**Payments**

**Please note**: PCSE Payments **do not require** a declaration of banking form to be completed for practice closures. The completion of this form will act as formal notification to the PCSE Payments team, who may contact the practice directly to confirm any further necessary details.

**Please note:** PCSE Payments **do require** a declaration of banking form for the following categories:

* Practice change of bank account details
* Practice name/supplier name changes
* Change of nominated addressee for SBS remittance advice

**Pensions**

**Important Information**

**Please note:** In the event of a practice closure, the completion of this form will act as formal notification to the PCSE Pensions Team, who are required to perform a mandatory update of all effected NHS Pension Scheme members’ information.

Pension contributions are reconciled, and pension records finalised when the member submits their Type 1 annual certificate (partners) or Type 2 annual self assessment (salaried GPs) for the pension year(s) in question.

Please note, currently there is no agreed process to collect pension arrears or refund overpayments when a Type 1 or Type 2 form is reconciled and the practice has closed, which means that pension records cannot be updated in this scenario. The process is under discussion within NHS England.

The PCSE Pension team may contact the practice and its performers and non GP Partners directly to confirm any further necessary details.

**Section 2 Practice Mergers**

**Section 2a: Merging Practice Details**

All fields in this section are mandatory and must be completed.

**Guidance**

Please clearly state all of the General Practice(s) involved in the contractual Merger by completing details for each practice below. If additional practices are involved please insert extra rows to the form.

**GP Practice 1**

|  |  |
| --- | --- |
| **Practice Name** |       |
| **Practice Code** |       |
| **Practice Tel No.** |       |
| **Practice Contact Name and Email Address** |       |
| **Practice Address** |       |
| **Is Practice a Dispensing or Prescribing Practice?** | Dispensing [ ]  | Prescribing [ ]  |
| **Confirmation of Remaining Practice Code** |       |

**GP Practice 2**

|  |  |
| --- | --- |
| **Practice name** |       |
| **Practice Code** |       |
| **Practice Tel No.** |       |
| **Practice Contact Name and Email Address** |       |
| **Practice** **Address** |       |
| **Is Practice a Dispensing or Prescribing Practice?** | Dispensing [ ]  | Prescribing [ ]  |
| **Confirmation of Remaining Practice Code** |       |

**Section 2b: Details of the Merged Practice**

**Guidance**

Please provide the details of the remaining or new merged practice.

|  |  |
| --- | --- |
| **Contractual Date of Merger** | e.g. 01/01/2024      |
| **Confirmation and Date of Your Clinical System Merger** | Please provide confirmation of dates(s) e.g. 01/01/2024      |
| **New Practice Name (Name of the Merged Practice)** | Please confirm the name of the merged practices, branch sites often keep the existing practice name      |
| **New Merged Practice Code (or remaining code)** | Please confirm which practice code the merged practices will need to come under or any new practice code      |
| **New or remaining Main Surgery Address** |       |
| **Will the Merged Practice be a Dispensing or Prescribing Practice?** | Dispensing [ ]  | Prescribing [ ]  |
| **Confirmation of surgeries Closing** | Please confirm if any GP surgeries will be closing as a result of the merger:Main site closure [ ]  and how many main sites are closing [number]Branch site closure [ ] and how many branch sites are closing [number] |
| Please provide the details of each GP surgeries that will be closing as may apply      |
| **Confirmation of merged patient list size** |  |
| **Branch Surgery Address (please include all sites)** | Please provide the details of all branch sites      |

**Section 2c: Merging Practice Performers/GP Members/Non-GP Partners**

**Guidance**

Please confirm the status and current role of each individual performer at each of the merging practices.

|  |  |  |
| --- | --- | --- |
| **1** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |
| Part of new merged practice | Yes [ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| **2** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |
| Part of new merged practice | Yes [ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| **3** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |
| Part of new merged practice | Yes [ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| **4** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |
| Part of new merged practice | Yes [ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| **5** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |
| Part of new merged practice | Yes [ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| **6** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |
| Part of new merged practice | Yes [ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| **7** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |
| Part of new merged practice | Yes [ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| **8** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |
| Part of new merged practice | Yes [ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| **9** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |
| Part of new merged practice | Yes [ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| **10** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |
| Part of new merged practice | Yes [ ]  | No [ ]  |

|  |  |  |
| --- | --- | --- |
| **11** | **Name** |       |
| Current Role e.g. Senior Partner, Partner, Salaried GP |       |
| GMC Number/SD Number |       |
| Part of new merged practice | Yes [ ]  | No [ ]  |

**Allocation of roles on PCSE Online within the merged practice**

**Guidance**

Any existing PCSE Online organisational roles will be automatically transferred as part of the practice merger. Therefore, you are required to confirm that you have reviewed the members within your organisation and they hold the correct access on PCSE Online.

To check your members and review/amend their roles, please take a look at the [PCSE User Management guide](https://indd.adobe.com/view/6267427a-d4e0-4d42-b024-bb61c3b2b904), pages 7 to 9.

You can review your User Administrator responsibilities regarding PCSE Online access [here](https://pcse.england.nhs.uk/user-management/user-administrator-roles-and-responsibilities).

|  |
| --- |
| **I confirm that all members within my organisation are correct and approve PCSE to transfer any organisational roles including financial roles to the merged practice.**Please tick to confirm or your form will be returned. [ ]  |

**Section 2d: Merging GP Practice Patient Lists**

Having completed sections 2a, 2b and 2c, you have confirmed the practices involved in the merger, the structure of the merger and the registered GPs details associated with each individual practice.

In this section, please confirm the individuals you would like to be notified that the transfer of patients has been completed by PCSE.

**Please Note:** Following the clinical system merge, you will need to update the registered GP of the patients that have transferred into the newly formed practice. This will prevent incomplete registration tasks generating in the clinical system.

|  |  |
| --- | --- |
| **Contact email addresses to notify once transfer completed by PCSE** | Please confirm any contacts you wish to be informed once the patient list transfer has been completed      |

**Section 2e – Merging GP Practice Medical Records Transfer**

**Guidance**

* Where the patient list is being transferred to another practice:

It is assumed that the medical records will need to be collected from the closing and practice and delivered to the main surgery of the receiving practice.

GP Practice must ensure that each medical record is securely bagged in an individual Polylope, which can be ordered on [PCSE Online](https://secure.pcse.england.nhs.uk/). Medical records must then be bulk bagged in sacks for courier collection. Sacks are also available to order via the supplier portal.

* Where the GP Practice is closed with immediate effect:

The medical records will need to be collected from the closing practice and delivered to National Medical Records Storage Facility in Darlington.

GP Practice must ensure that each individual medical record is securely bagged in an individual Polylope, which can be ordered on [PCSE Online](https://secure.pcse.england.nhs.uk/). Medical Records must then be bulk bagged in sacks for courier collection. Sacks are also available to order via the supplier portal.

For further guidance on medical record collections including stationary collections please refer to the FAQ Guide. [General queries | PCSE](https://pcse.england.nhs.uk/help/practice-mergers-and-closures/general-queries)

|  |  |  |
| --- | --- | --- |
| **Current GP Practice name and address (Collection)** | **New merged GP Practice name and address (Delivery)** | **Date for collection** |
|       |       | e.g. 01/01/2024      |

**Section 2f – Patient communications**

|  |  |  |
| --- | --- | --- |
| **Do you require letters to be sent out to patients?** | Yes [ ]  | No [ ]  |
| **Date letters to be sent** | e.g. 01/01/2024      |
| **Please confirm you have attached a copy of the letter to be sent** | Yes [ ]  |

**Section 2g – Financial information**

**Bank Details**

Please complete the Banking Declaration Form, including details of the bank account to be used for payment purposes. This should be emailed to PCSE.payments@nhs.net with a copy of this form or can be submitted online via the [GP Payments enquiry form](https://pcse.england.nhs.uk/contact-us/gp-payments-enquiries) on the PCSE website.

**Please note**: If you are not using an existing bank account and are opening a new bank account, you must liaise with your local NHS England finance team to ensure the correct information is submitted to allow the new bank account to be set up correctly.

**Pension Details**

**Important Information**

**Please note:** In the event of a practice merger, the completion of this form will act as formal notification to the PCSE Pensions Team, who will update of all effected NHS Pension Scheme members’ information.

PCSE will transfer the details of the estimated income and tier rate of the GPs and non GP Partners who are moving to the newly merged practice so that pension deductions for them commence from the newly merged practice.

Please log into [PCSE Online](https://secure.pcse.england.nhs.uk/) to submit a revised estimate of profit form for the current financial year if you need to update the annual estimated income or tier rate for any of the GPs or non GP Partners who have transferred. You can find guidance on submitting an Annual Estimate at [Estimate of Pensionable Profits | PCSE](https://pcse.england.nhs.uk/practices/managing-pensions/estimate-pensionable-profits)

The PCSE Pensions team will contact GP Practices and Pension Scheme Members directly if they need to confirm details which are not to be shared in any forms as part of Data Protection and compliance to our Information Governance policies.

**Section 3: For completion by Integrated Care Board**

**Guidance**

Only a Primary Care Commissioner (ICB) can provide an authorising signature.

**Reason for contractual practice closures**

|  |  |
| --- | --- |
|  |  |
| **Please confirm the reason for contractual practice closure reported in section 1 (select only 1 answer,)** | Closure due to commissioner termination notice [ ] Closure due to contractor termination notice [ ]   |

|  |  |
| --- | --- |
| **ICB:** |       |
| **Region:** |  |
| **Contact Name:** |       |
| **Job Title:** |       |
| **Telephone Number:** |       |
| **Email:** |       |
| **Date of Authorised Approval:** | e.g. 01/01/2024      |

**Section 4: For completion by the person submitting the form, if not the person named in Section 3**

|  |  |
| --- | --- |
| **ICB or GP Practice:** |  |
| **Contact Name:** |  |
| **Contact Number:** |  |
| **Email:** |  |