

Dear Colleague March 2020

**Process for Requests to Close Main or Branch Surgery Site or Change of Use during Covid-19**

The Health Board fully acknowledges that during this challenging time there may be instances where practices are in a position to request urgent closure of their main and/or branch surgeries or request a change of use of premises due to the impact of COVID-19.

The delivery of patient care is paramount in all considerations during the current COVID-19 pandemic. We have therefore developed a process for these requests to be considered in a timely and responsive manner. Practices are advised to seek LMC support early in this process. Please be assured that our response will be swift, and we therefore request that you do not implement any such changes without the Health Board’s support. This will ensure that we can assist with the management of public communications.

All arrangements for considering urgent surgery closure requests, or change of use, will be managed by the Primary Care Team.

Details of how to submit your request are included in this communication. Your request will be acknowledged by a member of the Primary Care Team upon receipt. The LMC will be consulted and their views considered as part of the request being made. Health Board support towards any requests made under this process will be made at local level and the practice, LMC, CHC and local practices, will be informed accordingly. Any requests made will also be shared via Cwm Taf Morgannwg UHB’s COVID-19 Bronze Group and escalated through ‘SILVER’ and ‘GOLD’ where it is deemed necessary.

In the event of closure or a change of use of premises, the practice will be required to update the practice’s pre-recorded telephone message, use footnotes on prescriptions, display posters in prominent areas of the practice, and update your practice website and any social media accounts.

Welsh Government have released a new Direction (WG20-20) outlining that GMS contractors will continue to receive recurring premises costs reimbursement in the event they may be unable to deliver GMS services from their practice premises as a result of the COVID-19 pandemic.

This process will come into immediate effect until further notice. (Subject to weekly reviews). Please note that this process will not support any permanent closure of premises/change of use and will be active throughout the COVID-19 pandemic period only.

Due to the urgent nature of these requests, it has been agreed to remove the need for a patient consultation stage under this interim process.

If you have any queries regarding this please contact Mark Gall, Deputy Head of Primary Care on Mark.Gall@wales.nhs.uk or 01685 351305.

Thank you for your cooperation,

Yours sincerely

**Sarah Bradley**

**Head of Primary Care**



**Flowchart for Requests to Close Main or Branch Surgery Site or Change of Use during Covid-19**

Practice to complete Annex A ensuring all information is provided and submit request to the Deputy Head of Primary Care using the email: Mark.Gall@wales.nhs.uk

Primary Care GMS Team to acknowledge request upon receipt

Request to close main or branch surgery site, or significant change in use for main/branch surgery site

Site closed for cleaning

Request to be considered by GMS Team and decision made at local level (Decisions will be shared via CTMUHB’s COVID-19 ‘BRONZE’ Group, and through to ‘SILVER’ & ‘GOLD’ as appropriate)

Please follow the Standard Operating Procedure for undertaking environmental deep cleaning in Primary Care

Practice and key stakeholders to be advised of decision

Practice to ensure patients are made aware of the changes e.g. update pre-recorded telephone message, footnotes on prescriptions, update practice website, social media, posters in the practice.

**NB: This process will come into immediate effect until further notice. (Subject to weekly reviews). This will not support any permanent closure of premises/change of use and will be active throughout the COVID-19 pandemic period only.**



**Annex A**

**Request to Close Main or Branch Surgery Site or Change of Use during Covid-19: {insert name of site affected}**

|  |  |
| --- | --- |
| **Date of Request** |  |
| **Practice Name** |  |
| **GP W-Code** |  |

1. **Case for Closure, to include:**
* Reason for the proposed **closure request** or **change of use** e.g.
* Cleaning premises due to COVID-19
* Staffing Issues
* Service Delivery Issues
* Cluster delivery planning arrangements

|  |
| --- |
|  |

* **Current opening times of site affected:**

|  |  |
| --- | --- |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |

* **Expected length of closure:**

|  |
| --- |
|  |

* **Details of your practice’s planning arrangements to maintain service delivery or detail of arrangements to support Cluster working/”buddying” plans:**

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* **Confirm “Buddying” arrangements, if applicable (site closure / significant service change):**

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