

GP Practices Mergers and Closures form

Information for GP Practices and NHS Organisations

A GP Practice Mergers and Closures form is to be completed for each individual case of a Practice Merger or Closure.

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.

How to complete this form

By answering the questions below, you will know which sections to complete.

<p>This notification relates to a Practice Closure - please complete sections 1,3,4)</p>	<p>Yes</p>	<p>No</p>
<p>This notification relates to a Practice Merger - please complete sections 2,3,4)</p>	<p>Yes</p>	<p>No</p>

Where you need to provide a Yes or No answer or where you need to choose Dispensing or Prescribing, click the appropriate check box.

Where you need to provide information, for example, a name or address, click in the text box and start to type. The text box will expand accordingly.

Where you need to provide a date, click in the box and enter the date in DD/MM/YYYY format.

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	
Confirmation of Effective Date for Practice System Closure	e.g. 01/01/2024

Section 1b: Details of the GPs at the closing practice

Guidance

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

1	GP Name	
	Current GP Role e.g. Senior Partner, Partner, Salaried GP	
	GMC Number	

2	GP Name	
	Current GP Role e.g. Senior Partner, Partner, Salaried GP	
	GMC Number	

3	GP Name	
	Current GP Role e.g. Senior Partner, Partner, Salaried GP	
	GMC Number	

4	GP Name	
	Current GP Role e.g. Senior Partner, Partner, Salaried GP	
	GMC Number	

5	GP Name	
	Current GP Role e.g. Senior Partner, Partner, Salaried GP	
	GMC Number	

6	GP Name	
	Current GP Role e.g. Senior Partner, Partner, Salaried GP	
	GMC Number	

7	GP Name	
	Current GP Role e.g. Senior Partner, Partner, Salaried GP	
	GMC Number	

8	GP Name	
	Current GP Role e.g. Senior Partner, Partner, Salaried GP	
	GMC Number	

9	GP Name	
	Current GP Role e.g. Senior Partner, Partner, Salaried GP	
	GMC Number	

10	GP Name	
	Current GP Role e.g. Senior Partner, Partner, Salaried GP	
	GMC Number	

11	GP Name	
	Current GP Role e.g. Senior Partner, Partner, Salaried GP	
	GMC Number	

Section 1c: GP Patient List

Guidance

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

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		

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	
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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](#). If bagged, the medical records must then be bulk bagged in sacks for courier collection. Sacks are also available to order on [PCSE Online](#).

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](#). If bagged, the medical records must then be bulk bagged in sacks for courier collection. Sacks are also available to order on [PCSE Online](#).

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](#). If bagged, the medical records must then be bulk bagged in sacks for courier collection. Sacks are also available to order on [PCSE Online](#).

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 refer to the NHSx's medical records digitisation team (pcdt@nhsx.nhs.uk)

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
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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 performer pension information.

Due to pension certifications being generated annually, and both current and the next financial year certifications being required, the PCSE Pensions team will notify each individual performer once their records are finalised. **Please note:** This may take between 12-24 calendar months.

The PCSE Pension team may contact the practice and its performers 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 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	
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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 provide the details of any GP surgeries that will be closing	
Branch Surgery Address (please include all sites)	Please provide the details of all branch sites	

Section 2c: Merging Practice Performers/GP Members

Guidance

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

1	GP Name		
	Current GP Role e.g. Senior Partner, Partner, Salaried GP		
	GMC Number		
	GP part of new merged practice	Yes	No

2	GP Name		
	Current GP Role e.g. Senior Partner, Partner, Salaried GP		
	GMC Number		
	GP part of new merged practice	Yes	No

3	GP Name		
	Current GP Role e.g. Senior Partner, Partner, Salaried GP		
	GMC Number		
	GP part of new merged practice	Yes	No

4	GP Name		
	Current GP Role e.g. Senior Partner, Partner, Salaried GP		
	GMC Number		
	GP part of new merged practice	Yes	No

5	GP Name		
	Current GP Role e.g. Senior Partner, Partner, Salaried GP		
	GMC Number		
	GP part of new merged practice	Yes	No

6	GP Name		
	Current GP Role e.g. Senior Partner, Partner, Salaried GP		
	GMC Number		
	GP part of new merged practice	Yes	No

7	GP Name		
	Current GP Role e.g. Senior Partner, Partner, Salaried GP		
	GMC Number		
	GP part of new merged practice	Yes	No

8	GP Name		
	Current GP Role e.g. Senior Partner, Partner, Salaried GP		
	GMC Number		
	GP part of new merged practice	Yes	No

9	GP Name		
	Current GP Role e.g. Senior Partner, Partner, Salaried GP		
	GMC Number		
	GP part of new merged practice	Yes	No

10	GP Name		
	Current GP Role e.g. Senior Partner, Partner, Salaried GP		
	GMC Number		
	GP part of new merged practice	Yes	No

11	GP Name		
	Current GP Role e.g. Senior Partner, Partner, Salaried GP		
	GMC Number		
	GP 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](#), pages 7 to 9.

You can review your User Administrator responsibilities regarding PCSE Online access [here](#).

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, you are required to confirm the instructions for the transfer of patient lists which links with the previous information provided.

To assist practice in providing this information we have provided two main scenario types of mergers.

Please choose one of the following which most closely fits the amount of change involved in the merger requirement. You may then add additional instructions to tailor your merger request.

Guidance

A Type 1 minimal change is where GP Practices are involved in the merger, there are no practice closures and the practices form a mix of the main surgery and branch sites under a single GP Practice Code. Patient Lists do not change from their current Registered GP's, however system transfer to the new GP Practice Code/Local Code is required to be actioned by PCSE.

A Type 2 moderate to high change is where there are a mixture of practice closures, mergers and changes to practices locations and/or the Patient's registered GP, e.g. the GP with whom the patients are registered.

Please note: If some patients are already held on a 'pooled list' at the merged practice, it is expected that patients being transferred to the merged practice will be added to the pooled list. If a pooled list does not already exist, then consideration should be given to establishing such a list.

Type 1 minimal change	Yes	No
Patient List Transfer Instructions	e.g. Please provide specific instructions that would be beneficial such as the merged GP Practice Patients Lists transfers and Registered GP within the new merged practice lists or pooled lists	
Confirmation of Transfer	e.g. Please confirm any contacts you wish to be informed once the patient list transfer has been completed	

OR

Type 2 Moderate to high change	Yes	No

Patient List Transfer Instructions	<p>e.g. Please provide specific instructions reconfirming practice closures, changes and the GP Practice Patient Lists transfers and Registered GP's within the new merged practice lists or pooled lists</p> <p>Please note any physical transfer of medical records need to be completed in section 2e below.</p>
Confirmation of Transfer	<p>e.g. Please confirm any contacts you wish to be informed once the patient list transfer has been completed</p>

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](#). Medical records must then be bulk bagged in sacks for courier collection. Sacks are also available to order via the supplier portal.

Please see FAQ Guide for further information.

- 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](#). 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.

Current GP Practice Name and Address (Collection)	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 if you are attaching a copy of the letter to be sent	Yes	No

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](#) 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.

PCSE cannot amend bank account details.

Pension Details

Please log into PCSE Online to submit a revised estimate of profit form for the current financial year.

A form should be completed for each individual practice and a further additional form for the newly merged/formed practice.

The PCSE Pensions team will contact GP Practices and GPs directly 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

To process the form, only a Primary Care Commissioner can provide authorisation.

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

NHS Organisation or GP Practice:	
Contact Name:	
Contact Number:	
Email:	