**Locktons insurance - case studies**

 **Example A**

A group of 5 GP practices sub-contract their GMS/PMS contracts to the Federation as a service provider. Individual practices will remain contract holders with NHS England, however they will operate in line with Example A’s policies and procedures. Example A has CQC registration as a provider organisation.

 Example A provides managerial support to GP Practices who will benefit from a larger critical mass and the advantages being associated. To patients the service they receive should not appear any different, the practice will retain its individual identity but with standardised policies and procedures driving back office type functions. Streamlined operational management, financial support, HR advice and other support functions will allow practices to benefit from economies of scale in a way that small standalone practices cannot.

Just Entity cover with MM/PL

 £10,000,000 LOI/£10,000,000 Agg

£10,000 excess

£8,000

 To include the 40 GP’s it’s a total premium of £60,000 (12 GPs doing 80 sessions per week).

 **Example B**

The service will operate out of a Urgent Care Centre and will only offer routine pre-booked GP appointments.  Patients can only access these appointments in the usual way, by calling the practice they are currently registered at.  If they are offered one of the extended access appointments, they will (most likely) not be seen by their registered GP and will therefore be asked whether they are happy to share their health care record with the attending GP. The on duty GP will also be prompted to ask the patient whether they are happy for their record to be accessed.

 An additional 98 slots per week will be made available through the service – 10 x 15 minute slots Monday – Friday and 12 x 15 minute slots on Saturdays and Sundays. Additional appointment slots will be allocated to practices based on the populations they serve.

 At start up, this will be an entirely GP-led service. However, as the pilot progresses there will be regular review points at which they will assess the level of demand and uptake of appointments and depending on what is identified, they may look to reconfigure the appointments offered.  In the longer term they may look to introduce some nurse-led appointments into the service.

This covers the GP’s for extended hours and the Entity. The GP’s hours actually worked out to one full time GP but we covered 36 individuals who are covering the time.

£10,000,000 Limit of Indemnity, with £25,000,000 in the Aggregate.

Excess £20,000 each and every claim

Premium £17,000

 **Example C**

 Example C is a GP federation.

 The company is constituted with ‘A’ shares (voting) and ‘B’ shares (equity). There are 72 practices with approximately two thirds currently subscribed to the federation.

 This risk we are covering the entity and the nurses (7.5 WTE) and 5 student nurses.

£10,000,000 Limit of Indemnity, in the aggregate and £10,000,000 any one claim.

£15,000 each and every claim

£8,500