Reference: FOI.ICB-2627/175

Subject: General Practice Workforce and Patient List Information

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
Where possible, please provide the information in spreadsheet form (CSV or Excel), at individual GP practice level, or at Primary Care Network level if practice-level information is not held.	
Part A. General practice workforce vacancies 1. For each GP practice in your ICB area, the number of vacant GP posts (headcount and full-time equivalent) as at the most recent date for which information is held, and, where recorded, how long each post has been vacant. 2. If practice-level vacancy information is not held, any aggregate assessment of GP workforce vacancies across the ICB area produced in the last 12 months, for example workforce planning reports or primary care strategy papers.	The ICB does not hold vacancy information for practices.
Part B. Patient list closures and capacity 3. The number of applications or notifications from GP practices relating to closure of their patient lists, whether formal or informal (including managed or temporary closures and agreed restrictions on new	3. No list closure requests have been received in either financial year, noting "2025/26 to date" encompasses the entirety of the 2025/26 financial year

registrations), received in each of the financial years 2024/25 and 2025/26 to date, and for each one the practice name, the date received, and the outcome (approved, refused, withdrawn, or agreed). 4. For each of the same financial years, the number of GP practices in your area that closed, merged, or terminated their primary medical services contract, with the practice name and effective date in each case. 5. Any register or list currently maintained by the ICB of practices whose patient lists are formally closed, or subject to agreed restrictions on new patient registrations, as at the date of this request. 6. Any list currently maintained by the ICB of practices identified as requiring support with capacity or sustainability, for example through a primary care risk register or sustainability programme, as at the date of this request. If disclosing practice names would engage an exemption, please provide the information with practice identifiers redacted rather than refusing the item in full.	4. L81669 Monks Park Surgery, L81067 Southmead and Henbury Family Practice, and L81077 Sea Mills Surgery merged to form L81669 MVMG – Monks Park Surgery on 30/09/2024. L81117 Pilning Surgery merged with L81127 Almondsbury Surgery to form L81127 Almondsbury Surgery on 23/06/2025. L81118 Stoke Gifford Medical Centre and L81649 Bradley Stoke Surgery merged to form L81118 Stokes Medical Group on 07/07/2025. 5. Not applicable, see answer 3. above. 6. There are currently 11 practices identified as requiring support with capacity or sustainability, a further 4 that are being monitored. BNSSG ICB commissions One Care to run the Access, Resilience and Quality programme on its behalf. Practices facing significant challenge are supported through this programme. Confidentiality of practices participating in the ARQ programme is protected and is not shared beyond the governance structure in place within the ICB. Both the Quality and Resilience meeting and the Primary Care Service Development Unit meeting are subgroups of the Primary Care Operational Group, which executes the ICB's responsibilities for delegated commissioning. Practices identified as requiring

	support with capacity or sustainability are discussed within these meetings.

The information provided in this response is accurate as of 21 August 2026 and has been approved for release by Jenny Bowker, Director of Strategic Commissioning - Neighbourhood Health for NHS Bristol, North Somerset and South Gloucestershire ICB.