

PRACTICE NEWS
MAY 2017



Welcome to the latest issue of the Albert Goodman e-Update specifically for medical practices.

If you have any feedback on the contents of this newsletter, or would like to discuss how this may affect your practice please click on the feedback link. Likewise, if you are not a client of ours and would like to see if we are the right team for you please forward [Keith Miller](#), our medical practice specialist, your details who will be delighted to get in touch for an informal chat.

Thank you for taking the time to read this newsletter.

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40% OF GPs LEAVING – RCGP AND BMA URGE ACTION

The RCGP and the BMA have urged the Government to press ahead with declared plans to improve GP recruitment.

Their plea came in response to a new study from Exeter Medical School involving 2,000 GPs which showed two in five GPs in the South West were considering quitting the NHS in the next five years.

RCGP chair Prof Helen Stokes-Lampard said: 'Being a GP can be the best job in the world, but it needs to be resourced appropriately. We support the researcher's call to move away from 'sticking plaster' solutions to the crisis facing general practice to one that will keep our important service sustainable for years to come.'

'The College is confident that NHS England's GP Forward View – which pledges £2.4bn extra a year for general practice and 5,000 more GPs – is that long-term solution. We call for it to be implemented in full, swiftly and effectively, to the benefit of both GPs and patients. We also need to see similar promises in Scotland, Wales and Northern Ireland.'

Dr Krishna Kasaraneni, BMA GP committee lead on Education, Training and Workforce, said the study demonstrated once again the 'enormous crisis' facing general practice.

He said given the uncertainty of whether the UK's departure from the European Union would result in more overseas doctors leaving the NHS, current shortages could worsen.

The Government needed to take the evidence of a workforce crisis seriously and act to implement a long term, well-funded plan that resulted in more GP.

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'GP FORWARD VIEW' IMPLEMENTATION 'CONFUSING AND INADEQUATE' – GPC

A detailed update about achievements of the GP Forward View in England in the first year of its delivery has been released by the BMA.

It provides a useful checklist for accountants to assess what their GP practice clients may be missing out on.

While there has been progress in many areas the GPC says this has not happened everywhere and now it is calling for the urgent implementation of promised extra funding after a patchy first 12 months of delivery.

Dr Chaand Nagpaul, BMA GP committee chair, said: 'The BMA's GP committee believes that it is vital NHS England is held to account to deliver its promises and funding commitments, and do so in a way that translates into real support for GP practices.'

'Our analysis of the first year of the GP Forward View highlights that whilst there has been some delivery, there have been cases where promised funding has been severely delayed or distributed unevenly across the country.'

'This confusing and inadequate implementation is unacceptable given the huge pressures on general practice from a combination of factors, including rising patient demand, falling resources and staff shortages. Many GP practices are at breaking point and they need certainty that they will get the resources necessary to deliver safe, effective care to their patients.'

Dr Nagpaul added: "We will continue to work with grassroots GPs to provide LMCs and practices with resources to hold NHS managers to account, which has included launching new guidance recently on how to ensure work is not unnecessarily transferred from secondary care2."

'Most importantly, we expect politicians of all parties to put forward positive, well-resourced proposals that will not duck the crisis facing the NHS and general practice in the upcoming general election campaign.'

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FUND GPS FOR CHILD HEALTH TRAINING, PLEAD PAEDIATRICIANS

Paediatricians are urging the Government to commit to new funding for integrated primary/secondary care child health training for GPs and paediatric trainees.

According to a Royal College of Paediatrics and Child Health (RCPCH) report published today the quality of care in child health services is in jeopardy due to gaps in paediatric rotas, uncertainty over the status of non-UK nationals working in the NHS, poorly co-ordinated planning, and a demoralised workforce.

The report shows that demand for children's healthcare is increasing, with the number of hospital admissions for children in England rising by 25% between 2013-14 and 2015-16, from 1.2m to 1.5m and attendances by children at Accident and Emergency Departments growing by 7%, from 4.5m to 4.8m over the same period.

The report reveals that in the year to September 2015, shortages of nurses and/or doctors led to periods of closure to new admissions by 31% of paediatric inpatient units and 41% of neonatal units across the UK.

It highlights substantial vacancies at both consultant and trainee levels, the low number of academic consultants and that GPs and practice nurses have limited training in child health:

College president Prof Neena Modi said: 'The facts speak for themselves: the situation is serious. There simply aren't enough doctors to meet the needs of infants, children and young people, and advance their healthcare through clinical research.

'It's a credit to the existing workforce that that they are – just – managing to continue to deliver the care children need. This is a dangerously under resourced service, yet the means to redress the situation exist.'

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FIVE TESTS FOR ELECTION COMMITMENTS ON HEALTH AND SOCIAL CARE

With the NHS the issue that matters most to the public after Brexit, and the public increasingly concerned about its future, health and social care will be among the biggest topics of debate ahead of the 8 June general election vote.

There are five key tests for political parties' commitments on health and social care ahead of the general election, according to The King's Fund.

Chief executive Chris Ham has set out the tests he claims the political parties will need to meet to have a credible programme for health and social care:

1. Ensuring sustainable funding

The Department of Health's budget will increase by around £4.5 billion between 2015-16 and 2020-21 on current spending plans, a long way short of the £10 billion increase claimed by the Government.

If these plans are left unchanged, then the prospect is of patients waiting longer for treatment and care being increasingly rationed.

The first test for the manifestos is whether they face up to the funding challenges in the NHS and make credible commitments to provide the resources needed to sustain current standards of care and fund any new promises. This must include sufficient funding for social care as well as resources to implement existing commitments on mental health and general practice.

2. Improving how care is provided

The second test is to commit to achieve greater integration of care around the needs of the growing and ageing population. More emphasis must be given to providing care in the community and in people's own homes, with hospitals and residential care being used only when necessary.

Changes to hospital care are also needed, including concentrating A&E and maternity services in fewer hospitals to improve patient outcomes in some areas.

Politicians will be colluding in the continued provision of unsafe services if they make commitments to protect local services that are unable to meet required standards, for example, because of shortages of skilled specialists and nurses.

3. Giving priority to population health

The third test is to translate the rhetoric about prevention into a cross-government commitment to improving population health. This means acting on the wider determinants of people's health and wellbeing including housing, employment, air quality, diet and nutrition, and opportunities to take exercise and keep fit.

The Department of Health should provide leadership on these issues, by ensuring that policies across government improve health, and by backing tougher regulation – for example, of the food and drink industries.

Local authorities should provide leadership at a local level, in partnership with the NHS, and public health budgets should be protected to prevent further cuts in spending which, if they continue, will store up problems and costs for the future.

4. Working with people and communities

The fourth test is to draw on the power of people and communities in rising to the challenges that lie ahead. Priorities here include valuing and supporting the contribution of third sector organisations and volunteers in both the NHS and social care, and empowering people to play a more active part in their own health and care.

It also means supporting families and carers who make a huge, often unrecognised, contribution alongside health and social care staff. Communities of interest and place can also contribute to the ambition of fully engaging the public in improving population health as advocated in the Wanless Report.

5. Supporting the NHS and social care workforce

Health and social care are 'people businesses' which depend critically on the training, recruitment and retention of a wide range of staff. Shortages of staff have led to increased reliance on locums, and the cost of doing so is one of the factors behind current financial pressures.

Growing workloads have created more challenging work environments and have raised concerns about staff retention, including among junior doctors and among GPs approaching the end of their careers.

Brexit creates a risk that the NHS will lose more EU nationals working in the NHS, thereby adding to the pressures that exist. Our fifth test is whether the manifestos face up to these issues and set out credible plans to address them.

Mr Ham said the five tests offered a framework for assessing the credibility of the parties' commitments on health and social care.

'They also highlight the importance of choices the next government makes on tax and public spending, and its willingness to lead a grown-up debate about the balance between public and private responsibilities. Meeting these challenges will be difficult for all parties at a time when the public finances are under pressure and Brexit creates uncertainty about the economy.'

'All the more important therefore that the parties do not constrain themselves by making commitments on tax and spending that make it impossible to do what is needed to sustain and improve health and social care.'

'The true test of the manifestos will be their willingness to confront these issues and engage the public in a grown-up conversation about the balance between public and private responsibilities in a society in which the needs of all are valued and met fairly.'

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‘£3K INDEMNITY SAVINGS’ FOR NEWLY QUALIFIED GPs

The RCGP and a defence body have partnered to offer lower cost indemnity and College membership for newly qualified GPs in their first five years after qualification.

It has teamed up with the MDDUS to offer a tailored indemnity package with a contribution to RCGP membership fees for those newly qualified who seek the benefits of both organisations.

The offer is available to new and current members of both the RCGP and MDDUS, with existing members benefiting automatically at their next renewal date.

RCGP chair Prof Helen Stokes-Lampard said: ‘The first five years of independent practice are essential in shaping a GP’s career, and it is important that our newest members are supported as much as possible so that they can concentrate on implementing their training and delivering good, safe patient care.’

‘Rising indemnity costs are a concern for all GPs, and in our manifesto on the run up to the general election in June, the College is calling for this to be addressed as a matter of urgency. I’m delighted that our newly qualified members can opt to benefit immediately from this discount scheme.’

MDDUS development director David Sturgeon said: ‘Joining both bodies through this scheme provides a new lower-cost route for a new GP to get all the benefits of belonging to two innovative and complementary professional bodies.’

‘Newly qualified GPs will be able to take advantage of a 75% contribution to RCGP membership fees as well as a tailored indemnity product at a competitive price. We hope that this encourages them to retain membership of the College after qualification, thus continuing to enjoy the many benefits that membership brings.’

He said the discount would mirror the RCGP First5® programme and apply for the first five years following qualification. The overall savings could be in excess of £3,000 for each GP.

The MDDUS said it would work with the College to promote and support patient safety by helping to support and educate newly qualified GPs on areas of medico-legal risk.

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PUBLIC BACK CAP ON LAWYERS’ FEES IN NHS COMPENSATION AWARDS

Three quarters of the public want the Government to do more to reduce the amount of money lawyers can claim from the NHS in legal costs following clinical negligence cases, according to a YouGov survey.

The NHS paid out £1.5bn in clinical negligence costs in 2015-16, with legal costs accounting for 34 per cent of that bill.

In lower value claims it is not unusual to see lawyers’ costs exceed the compensation awarded to claimants. 82 per cent of the survey respondents did not agree that lawyers should receive more money in legal fees than the patient does in compensation, and 81 per cent said they supported ‘fixed costs’ for lawyers which would help to keep costs down.

The survey of over 2,000 adults in Britain was conducted on behalf of the Medical Protection Society (MPS) and came as Government’s consultation on a fixed recoverable costs scheme – aimed at stopping lawyers charging disproportionate legal costs – closed on 1 May.

The consultation proposes a fixed cap on the legal fees that can be charged for cases up to the value of £25,000 in England and Wales, which could result in £45m savings to the NHS a year.

But MPS has called on Government to make a bold decision on the threshold and include cases up to the value of £250,000 – it says this would generate even greater savings to the NHS, and create a fairer system.

Emma Hallinan, director of claims at the MPS, said: ‘At a time when the NHS is under increasing financial pressure, it is not surprising that so many members of the public want to see more done to tackle legal costs and keep more money in the NHS for front line care. Difficult decisions about spending in the NHS are made every day, and how we approach the spending of NHS funds on lawyer fees must be one of them.’

‘In lower value claims it is not unusual to see lawyers’ costs exceed the compensation awarded to claimants. In a recent case involving a delayed diagnosis of a pituitary tumour which settled at £3,250, legal costs of £72,320 were sought. That was reduced to £24,600 after a provisional assessment last summer, which found that the bill was disproportionate.

‘In another case involving a delayed diagnosis which settled for £4,000, legal costs of £35,263 were sought. This is not right.

‘We fully support the introduction of mandatory fixed recoverable costs for claims of clinical negligence, and we understand the argument for not capping legal costs for the most expensive and complex claims, but we believe it is appropriate and viable to include claims up to £250,000.

‘Disproportionate legal fees are still a significant issue for claims up to this value – setting the threshold at £25,000 would help, but the financial benefits to the NHS and the taxpayer would be greater if the threshold were set at a higher level.’

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DOCTORS URGE POLITICAL PARTIES TO STABILISE GENERAL PRACTICE

The BMA has launched its own manifesto – A vote for health – in a bid to stop NHS issues being swamped by Brexit talk in the run-up to the general election.

It outlines five asks, calling for politicians to:

- 1.** Commit to a long-term funding solution for the NHS, by increasing spending on health from 9.8 per cent to 10.4 per cent of GDP, bringing it in line with other leading EU economies;
- 2.** Address the pressures across the healthcare system that prevent the delivery of high-quality, safe patient care;
- 3.** Ensure the health service is a priority during Brexit negotiations;
- 4.** Stabilise general practice in the face of soaring demand, a critical shortage of GPs and excessive bureaucracy;
- 5.** Take urgent action to improve the health of the population and reverse cuts to public health.

The union is calling for spending on the NHS to match that of other leading EU countries – rising from the current level of 9.8 per cent of GDP to 10.4 per cent, which it says is the average of the leading ten EU economies.

It said: ‘The UK’s spending in 2015 would have been £10.3bn higher, had the levels matched. This additional funding could be used to:

- Provide an extra 35,000 hospital beds;
- Recruit an extra 10,000 GPs, along with other healthcare professionals, and improve GP facilities so that practices can host more staff and deliver additional appointments to patients;
- Reverse the cuts made to the public health budget rather than introduce further reductions of almost 4 per cent up until 2020.’

BMA council chair Dr Mark Porter said it would be all too easy for the general election to become the ‘Brexit election’ and little else, at precisely the time when the NHS needed a strong focus by politicians from all parties.

He said: ‘This election is being fought against the backdrop of one of the worst winters on record for the NHS, with doctors reporting funding cuts and concerns over patient care and safety.

‘Whoever leads the next Government must ensure that NHS funding keeps pace with other European nations, that the NHS and EU doctors in the UK are protected from the impact of Brexit, that general practice is properly supported, that policies protect and enhance the public’s health, and that the pressures impacting the day-to-day delivery of high-quality, safe care are tackled.’

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GPS' DEFENCE FEES: INDUSTRY STILL CLUELESS OVER SHAPE OF 'SUPPORT'

A defence body chief has blasted the Government over the raising of the discount rate for personal injury claims – and he admitted the so-called 'support' to help GPs pay for the resulting increase in defence fees is still far from clear.

Speaking at the MDDUS-sponsored BMJ Awards last night (Thursday) at the Park Plaza, Westminster, MDDUS chief executive Chris Kenny warned: 'At the moment, lost in the election noise, the NHS faces enormous cost pressures because of the Lord Chancellor's inexplicable decision to raise the discount rate for personal injury claims (the discount rate has been lowered from 2.5% to 0.75% – Ed).

'The Chancellor of the Exchequer has had to find an extra £6 billion over five years to fund it – cash that could be used far more creatively and to far greater impact elsewhere in the service.

'It's helpful to have an assurance of 'appropriate funding' to lessen the impact on GP indemnity rates. Despite a lot of discussions with the Department of Health and NHS England, we still have no certainty about what that support looks like – although we do know that doctors and dentists in the private sector will have to grin and bear the inevitable increase.'

In a stirring speech that took the awards audience by surprise, Mr Kenny continued: 'We made clear to the outgoing Lord Chancellor that we have not ruled out legal action. Let me emphasise that again.

'This legally inept decision increases the incentives to put forward tendentious claims. It moves resources from care to lawyers' pockets, resources that would be far better spent improving the quality of service to reduce the small number of justified claims still further.

'Quality, certainty, morale – you name it, this decision undermines it. Overtreatment, defensive medicine, cost-generation – you name it, this decision encourages it. A new administration needs to put it right quickly.'

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Keith Miller

Keith joined Albert Goodman in 2006 from a local Somerset firm of Accountants where, having qualified as a Chartered Accountant in 1988, he had been a Partner since 1990. He recently went on to achieve further success becoming a Certified Financial Planner in 2006.

Although best described as a General Practitioner, providing financial and taxation advice to an expanding portfolio of high net worth individuals, limited companies, sole traders and partnerships, Keith specialises in assisting medical practices and solicitors on all aspects of financial and taxation advice. He leads our GP medical team and is a member of AISMA, the Association of Independent Specialist Medical Accountants.

As a qualified Certified Financial Planner, he is ideally suited to obtaining a detailed understanding of the issues facing proprietors and their personal objectives in order to make a key contribution on strategic and tax issues, as well as dealing with the very complex areas of Capital Gains Tax and Inheritance Tax planning

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