

PRACTICE NEWS  
JANUARY 2015



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.

Keith Miller

[keith.miller@albertgoodman.co.uk](mailto:keith.miller@albertgoodman.co.uk)

01935 423667

## **CONTENTS**

[7.5% Rise in GMC Doctor's Retention Fee](#)

[Anger Over £300K+ NHS Managers](#)

[Beware Politicians' Promises, Warns BMA Leader](#)

[CQC Highlights Unmagnificent 7 GP Practices](#)

[Doctors' Contracts Must Safeguard Patients and Clinicians](#)

[Plans for New Doctors' Hospital Contracts Revealed](#)

[Private Sector Mushrooms on Back of NHS Reforms](#)

[The Story Behind the CQC's 'Top' GP Practice](#)

['Unfair' GMC Harming Doctors – Claim](#)

## 7.5% RISE IN GMC DOCTOR'S RETENTION FEE

GPs and other doctors face a 7.5% rise in the compulsory GMC retention fee next year.

The annual fee, paid by doctors with a licence to practise, will increase by £30 – from £390 to £420.

The GMC said this was the first rise since 2010 and would apply from 1 April 2015.

It said it would continue to provide support to newly qualified doctors at the start of their careers by freezing the provisional registration fee at £90. Doctors on a lower income will continue to be eligible for a 50% discount.

A spokesman said: 'The decision to restore the 2010 level follows increased demand for the GMC's services. In 2015, the doctors' regulator expects to process more than 20,000 registration applications and more than 75,000 revalidation decisions, as well as handling an increase in serious complaints, which is likely to result in over 2,800 fitness to practise hearing days.

'In addition, demands on its oversight of medical education have increased with enhanced monitoring of areas where there are concerns.'

This year the GMC fee also includes the Government's new statutory levy on regulators to fund the work of the Professional Standards Authority. This will amount to £600,000 from April 2015 to the end of the year, rising to £800,000 in 2016.

Niall Dickson, GMC chief executive, said: 'For five years we have succeeded in cutting or freezing our fee – increased demand now means we need to restore it to the level it was in 2010, if we are to continue to meet our wide-ranging obligations. These responsibilities have increased substantially in recent years with, for example, the introduction of revalidation and the oversight of postgraduate education.

'In 2015 we will scale up our programme of engagement with doctors and medical students on ethics, professional standards and other practical issues of professionalism. In addition, we will roll out the Welcome to UK Practice programme for doctors new to the UK, take forward significant work to make better use of our data, progress plans to make the medical register much more useful and develop a national licensing exam.

[Top of page](#)

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## ANGER OVER £300K+ NHS MANAGERS

The number of NHS managers being paid the equivalent of over £300,000 a year has doubled in just 12 months and is infuriating patients' groups.

In some cases, cash-strapped health trusts are hiring temporary executives for hundreds of thousands of pounds.

Patients' groups said the 'exorbitant' rates could not be justified, and nursing leaders said the sums were a 'kick in the teeth' for junior staff who were refused a one per cent pay rise.

The Patients Association said NHS board reports indicate that during 2013-14, 44 'interim' executives were employed on rates of £1,000 a day — the equivalent of £228,000 a year — compared with 24 the year before.

There was an even sharper increase at the top end of the scale. In the last financial year, 22 executives were paid the equivalent of at least £300,000 a year — compared with 11 the year before and just four in 2010-11. In most cases, the payments were not made directly to the managers, but via agencies, which were able to take a share.

Rotherham Foundation Trust paid the equivalent of £621,000 a year for the services of Michael Morgan as chief executive. Mr Morgan worked for Rotherham trust for 10 months, until last November. Accounts for eight of the months show payments of £380,000 plus expenses — the equivalent of £621,000 over 12 months, a sum that would cover the salaries of 28 nurses. NHS trusts said the payments were justified to secure 'high calibre' expertise at short notice.

Katherine Murphy, chief executive of the Patients Association, said: 'The public were assured that NHS England

would be more streamlined with significant cost-saving initiatives implemented, and so the Patients Association is astonished to learn that the NHS is paying such exorbitant rates of pay to interim NHS managers that have little impact on direct patient care.

‘Investment is urgently needed on the front-line where there is a desperate shortage of nurses, patients waiting for hours on trolleys in A&E and primary care that requires significant investment in order to provide safe patient-centred care. All we seem to do is recruit middle managers-who is approving this expenditure?’

She claimed the money would have been better invested in front-line nursing staff and in improving patient care.

[Top of page](#)

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## **BEWARE POLITICIANS’ PROMISES, WARNS BMA LEADER**

Manifesto promises and pledges of support alone will not help protect the NHS, the chair of the BMA has warned.

In his New Year’s message to members, Dr Mark Porter says that with just months to go until the general election doctors and patients can expect to hear all politicians pledge their support for the NHS, but words alone will not help improve the NHS.

At a time when 74 per cent of GPs face unmanageable or unsustainable workload pressures and NHS emergency admissions have reached record levels, Dr Porter says that ‘resources and commitment are vital too’.

Dr Porter says: ‘Every day in the NHS, we work hard to maintain the trust that our patients place in us.

They in turn want the NHS to thrive, and the parties reflect that. But all too often politicians make promises as if words alone can improve the NHS. Resources and commitment are vital too.

‘They pledge thousands more GPs, for example, but with no apparent recognition of the growing and unsustainable pressures faced by general practices, and when the numbers entering GP training in England have actually dropped by 15 per cent this year alone.

‘And after each election, the new minister has the power to make us feel as if we’re in a giant snow globe. A colossal hand reaches for the NHS, and we’re being shaken up again with some new laws and organisations. After the turmoil the snow settles; everything’s in a different place, but little has been made better than it was.

‘The time and endeavour would have been better spent in protecting what we are in danger of losing through starved resources and an obsession with competition and markets.’

Dr Porter adds that for doctors it is deeply frustrating that successive governments continue to make changes to the NHS while opportunities for real change in order to improve patient services have been missed.

He says: ‘The NHS is, according to the highly respected Commonwealth Fund<sup>4</sup>, the highest-quality and most cost-effective healthcare system of 11 leading economies, including Germany, France and the US. And so our many foreign admirers ask the same question: if the system is that good, why do your governments keep playing around with it?’

‘For doctors, it’s doubly frustrating when there has been so much unnecessary reorganisation, while real opportunities to improve services have been repeatedly passed over. There is nothing more demoralising than trying to make failed policies work, but doctors have never been a passive or reactive voice. It is down to us all to articulate and create an NHS that serves our patients best, in whichever nation we work.’

[Top of page](#)

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## **CQC HIGHLIGHTS UNMAGNIFICENT 7 GP PRACTICES**

Seven GP practices out of 50 have been rated as Requiring Improvement in the latest batch of Care Quality Commission findings.

Following recent inspections, 42 of the practices have been rated as Good and only one has been rated as Outstanding.

AISMA members can check if any of their clients appear below, and if so, what was said about them.

Under CQC's new programme of inspections, all of England's GP practices are being given a rating according to whether they are safe, effective, caring, responsive and well led.

Prof Nigel Sparrow, CQC's senior national GP advisor said: 'We know that the vast majority of England's GPs are providing a service which is safe, effective, caring, responsive and well led. If that is what we find on inspection – we give it a rating of Good, and I congratulate the GPs and staff in these practices.

'Patients should be able to expect high quality and consistent care from every GP practice. Where we have required improvement, we will expect the practice to take the necessary steps to address the issue, and we will return at a later date to check that those improvements have been made.'

Full reports on all 50 inspections are available at: <http://www.cqc.org.uk>

The practices are among the first to receive ratings following the introduction of the CQC's new inspection regime, which features specialist teams including inspectors, GPs and practice nurses.

Inspectors ask the following five questions about services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

They also look at the 'quality of care' for the following six population groups: older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people whose circumstances may make them vulnerable, and people experiencing poor mental health (including people with dementia).

Prudhoe Medical Group Northumberland Outstanding

\*

Dr Law & Partners East Staffordshire Good

Drs Knight, Hargraves and Flores Herefordshire Good

Elgar House Redditch & Bromsgrove Good

Drs Trewin, Burton, Barron, Atherton & Brookes East Staffordshire Good

Alrewas Surgery East Staffordshire Good

The Tutbury Practice East Staffordshire Good

Drs Wood and Hearne Herefordshire Good

Dr Latchem & Partners Lincolnshire East Good

Mersham Medical Centre Croydon Good

St Andrews Medical Practice 2 Salford Good

Cornerstone Salford Good

Union Brae and Norham Practice Northumberland Good

Dr Prasad's Practice Liverpool Good

Dr PF Mullen's Practice Liverpool Good

The Bondgate Practice Northumberland Good

Everton Road Surgery and Merseyview Walk in Centre Liverpool Good  
Pendleton Medical centre Salford Good  
Haltwhistle Medical Group Northumberland Good  
Drs Winslow and Menage Northumberland Good  
Scots Gap Medical Group Northumberland Good  
The Practice Harehills Corner Leeds South & East Good  
Aspull Surgery Wigan Good  
Kirkdale Liverpool good  
Windmill Health Centre Leeds south and East Good  
Ashfield Medical Centre Leeds south and East Good  
Oulton Medical Centre Leeds south and East Good  
Ash Trees Surgery Lancashire North Good  
Silverdale Medical Practice Salford Good  
Dr Andreas Tobias Keyser Liverpool Good  
Moorfield House Surgery Leeds south and East Good  
Austen Road Surgery Guildford and Waverley Good  
East Horsley Medical Centre Guildford and Waverley Good  
The Gateway Medical Practice Dartford, Gravesham & Swanley CCG Good  
The Border Practice North East Hampshire CCG Good  
St Paul's Practice West Hampshire CCG Good  
Evergreen Practice Bracknell and Ascot Good  
The Gainsborough Practice Bracknell and Ascot Good  
Victoria Practice North East Hampshire CCG Good  
Boundary House Bracknell and Ascot Good  
Kings Corner Surgery Bracknell and Ascot Good  
Fleet Medical Centre North East Hampshire and Farnham CCG Good  
River Wey Medical Practice North East Hampshire and Farnham CCG Good

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Marisco Medical Practice Lincolnshire East Requires improvement  
Dr Christopher Warburton Salford Requires Improvement  
The Shrubbery Surgery Dartford, Gravesham & Swanley Requires Improvement  
Binfield Surgery Bracknell and Ascot Requires improvement  
The Waterfield Practice Bracknell and Ascot Requires improvement  
Forest End Medical Centre Bracknell and Ascot Requires improvement  
Heath Hill Surgery Bracknell and Ascot Requires improvement

[Top of page](#)

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## DOCTORS' CONTRACTS MUST SAFEGUARD PATIENTS AND CLINICIANS

Proposed changes to hospital doctors' contracts must be best for patients, fair for doctors and sustainable for the NHS, according to the BMA.

In its submission to the Doctors and Dentists Review Body (DDRB), the BMA reiterated its support for seven-day services, calling for urgent and emergency care to be the priority for investment, and for adequate safeguards around working hours and patient care.

The submission also calls for detailed evidence and modelling from the Government on the changes it wants to introduce.

Doctors said the Government repeatedly failed to produce this during negotiations, making it impossible for doctors to sign up to proposed changes without understanding the impact on patient care and doctors' working lives.

The BMA argued that changes to services must be clinically rather than politically driven. 'They must reflect patient need which is why the BMA wants the Government to work with doctors to prioritise investment in urgent and emergency care to ensure it is of the same high standard, seven days a week.'

Dr Mark Porter, BMA council chair, said: 'As a priority, doctors want to deliver the best possible care for their patients. Doctors' contracts should support the delivery of high quality care while also protecting against dangerous working patterns, which are bad for both patient safety and doctors' wellbeing.'

'Throughout negotiations the BMA emphasised the need for the contract to include safeguards for patients and doctors, and we have reiterated this in our evidence.'

'The BMA has been clear in its support for better seven-day services, but the Government needs to be clear about what an expansion of services will look like and, crucially, how it can be safely staffed and resourced, without existing services being scaled back. Doctors already work around the clock, 24/7, so the existing contract is not a roadblock to seven-day services.'

He said the BMA hoped that the Government's submission to the DDRB would provide the detail, evidence and modelling on the changes it wanted to introduce, which it failed to produce throughout negotiations.

Dr Porter said this included detail on what additional services the Government wanted to make available, how much they will cost to deliver, and guarantees on what support services need to be in place to provide them safety. 'Without this detail, we are being asked to sign up in the dark to changes without knowing how patient care and doctors' working lives will be affected – something the BMA cannot do.'

[Top of page](#)

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## PLANS FOR NEW DOCTORS' HOSPITAL CONTRACTS REVEALED

NHS Employers has today proposed details for a new doctors' national contract which it says would more fairly reward doctors in training and support better care.

In its submission to the Doctors and Dentists Review Body it also suggests revisions urgently needed to the contract of consultant doctors 'to remove major barriers to better, safer patient care and make services more sustainable in future.'

In particular, these aim to end consultants' veto on working evenings, nights and weekends.

NHS Employers claims this is hindering the development of better seven-day services. It also wants to 'better link earnings to local priorities.' NHS Employers preference remains negotiated settlements and it hopes its submission can widen the debate over changes to doctors' contracts.

It states that the BMA abandoned 12 months of formal negotiation during October 2014. In its report today the employers' body details the issues discussed during the negotiations and makes proposals for contract changes that it hopes can now be seen by a wider audience of doctors and employers.

Examples of issues with the current contracts, it says, include:

- rotas cannot always be planned efficiently
- costs to employers can spike greatly if junior doctors work only a small amount outside their rotas, and
- their contract can incentivise unhealthy working hours; consultants can often demand three times or more their normal wage in return for working in evenings and at weekends.

The proposed changes aim to redistribute the money available for pay, in order to reward doctors equitably for the contribution they make and be cost-neutral to the NHS.

NHS Employers said the plans would support safe working hours and service delivery, and address current concerns that junior doctors need to be supported more effectively in their training and development during evenings and weekends.

Flexibility of working hours would increase and doctors would be protected during any transition.

Danny Mortimer, chief executive of the NHS Employers organisation, said: 'For years these hospital doctors' contracts have been problematic and every year it worsens. The current junior doctors' contract was formed in 2000 and, while it's frustrating that no change has yet been agreed, we can base this next step on years of constructive debate. I would urge all parties to consider the detail of our proposals and recognise how the improvements would benefit patient care.

'The consultant doctors' contract has served the NHS and its patients for years, but key elements are increasingly unhelpful – especially the veto that lets consultants name their price for working out-of-hours.'

### **Suggested consultant changes**

- The removal of contractual barriers to the introduction of seven-day services, including the removal of the right to opt-out of non-emergency evening and weekend work
- An extension to what hours are considered 'plain time'.
- A schedule of safeguards to ensure staff are safe to work where the service moves to the provision of seven day services.
- A revised pay structure that appropriately rewards those staff that contribute the most and work the most onerous working patterns. This involves:
  - ✦ bringing to an end incremental pay progression based on time served
  - ✦ the introduction of spot pay rates
- Bringing to an end the current nationally prescribed local clinical excellence award arrangements (which are tied only to time served once given, not performance) and replacing them with new locally determined, non-consolidated payments for performance.
- Transitional protection arrangements to support the introduction the revised contractual arrangements.
- Financial modelling suggests consultants would get £70,000/annum on entry, rising to between £94,000 and potentially £127,000 after five years.

### **Summary of suggested junior doctor changes**

- Replacing the New Deal contract, 'which is no longer fit for purpose.' The DDRB and BMA agree that less variable pay is needed, to improve fairness and consistency.
- Removing the exceptionally complex 'banding' system that can result in significant pay inconsistencies and also big costs to employers due to very small rota overruns. For example, one trust reported an additional £250,000 cost for an eight person rota over a six-month period when one person in that team exceeded the banding on one occasion.
- End time-based incremental pay progression and relate it to level of responsibility, supporting better patient care.
- Setting 'recruitment and retention premia' nationally to support the appropriate distribution of these incentives to encourage people into careers in demanding specialist medical roles.
- Working patterns and training would be managed via a new work scheduling process (made possible by contractual changes) that reflect the short-term nature of junior doctors' placements and reduce the problem of junior/consultant mix being very variable at different working hours.
- Better work scheduling systems would also support staff to be healthy and safe, and not encourage over-long hours.
- Simplification of many other elements of the contract and also bringing the expenses provision in line with the Agenda for Change framework that covers over a million non-doctor NHS staff.

The full report can be viewed here: [www.nhsemployers.org/pay2015](http://www.nhsemployers.org/pay2015)

[Top of page](#)

## PRIVATE SECTOR MUSHROOMS ON BACK OF NHS REFORMS

A third of NHS contracts have been awarded to private sector providers since the Health and Social Care Act came into force, according to an investigation by the BMJ.

According to the BMA, these figures show the extent of ‘creeping privatisation’ in the NHS since the Health and Social Care Act was introduced.

BMA council chair Dr Mark Porter said: ‘The Government flatly denied the Act would lead to more privatisation, but it has done exactly that.’

‘Enforcing competition in the NHS has not only led to services being fragmented, making the delivery of high-quality, joined-up care more difficult, but it has also diverted vital funding away from front-line services to costly, complicated tendering processes.’

He said there was not even a level playing field as private firms often had an unfair advantage over smaller, less well-resourced competitors, especially those from the NHS and social enterprises.

[Top of page](#)

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## THE STORY BEHIND THE CQC’S ‘TOP’ GP PRACTICE

So what makes a good practice an outstanding one? And what would AISMA’s clients need to be doing to get the top accolade from the CQC, as one practice was given today.

Out of 50 practices inspected in the latest batch of findings by the regulatory body, Prudhoe Medical Group in Prudhoe, Northumberland, was the only one to be recognised as ‘Outstanding’.

Inspectors found that the practice was providing an ‘innovative, caring, effective, responsive and well-led service that meets the needs of the population it serves’.

Under CQC’s new programme of inspections, all England’s GP practices are being given a rating according to whether they are safe, effective, caring, responsive and well led.

The report on Prudhoe Medical Group highlights a number of areas of outstanding practice, including:

- Individual care plans had been developed for 160 patients and a screening programme to detect early signs of dementia had been in place for two years.
- The practice used computerised tools to specifically identify those patients with complex needs so that staff could ensure their needs were appropriately met.
- Inspectors saw excellent examples of close working partnerships with other health and social care professionals, which included multidisciplinary team meetings twice a month to discuss the needs of high risk patients, for example those with end of life care needs.
- The practice proactively reached out to the local community. For example GPs working at the practice, in partnership with the practice’s Patient Participation Group, had held awareness raising events for the public to highlight the risks associated with excessive alcohol consumption.
- There was an open culture within the practice and staff were actively encouraged to raise concerns and suggestions for improvement.
- There was a strong working ethic of collaboration and support across the staff team as a whole and a common focus on improving outcomes for patients.

Sue McMillan, deputy chief inspector of general practice in the North said: ‘It is clear that Prudhoe Medical Group is providing an effective and well led service which is a real asset to the people living in this part of the North East.’

‘Feedback from patients was overwhelmingly positive and many commented that staff went above and beyond their level of duty. We found that the practice displayed an excellent understanding of the differing needs of their patients and acted on these needs in the planning and delivery of its services.’

‘Staff demonstrated a commitment to help support patients to live healthier lives and drive continuous improvements in the outcomes for patients. All of this hard work pays off in making a real difference for their patients – which is why we have found this practice to be Outstanding.’

[Top of page](#)

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## ‘UNFAIR’ GMC HARMING DOCTORS – CLAIM

The threat of GMC action against doctors can be devastating for their personal lives and businesses – yet half of GMC investigations are now being closed with no further action.

Now a defence body believes it is time for the authorities to treat doctors far more kindly in the first instance.

And Dr Pallavi Bradshaw, medicolegal adviser at the Medical Protection Society, pulled no punches as he launched into a strongly worded attack on the regulatory body.

He said: ‘We believe the GMC is bowing to public pressure to be seen to blame and punish doctors when things may have gone wrong. The investigations are slow and conducted in a disproportionate and punitive way.’

‘We are in a vicious cycle of tighter regulation leading to more defensive behaviour from doctors, which interferes with proper decision making and has a detrimental effect on the quality of patient care.’

‘While it is appropriate that the GMC investigates and sanctions unacceptable conduct, 50% of GMC investigations are closed with no further action, which indicates to us that triaging of complaints is inappropriate and sometimes arbitrary.’

He said these ‘untargeted and disproportionate actions’ were having a negative impact on the morale of doctors, which is reflected in increasing difficulties in recruitment and retention.

‘Over 70% of respondents in a recent MPS survey who had been investigated by the GMC felt that the process had had a detrimental effect on their health, with more than a quarter having considered leaving the profession.’

‘The GMC must find the right balance between educating and supporting doctors to meet high standards and sanctioning those who fail to meet those standards.’

[Top of page](#)

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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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