

PRACTICE NEWS
MARCH 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.

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64 CCGS TO COMMISSION BIGGER

The first set of GP-led Clinical Commissioning Groups (CCGs) that will take on responsibility for commissioning the majority of GP services from April this year has been approved by NHS England.

64 CCGs will take on greater ‘delegated’ commissioning responsibility for GP services with the possibility that others may follow.

The new set up follows plans set out by NHS England chief executive Simon Stevens last year to give doctors and patients more scope in deciding how local services are developed.

According to Dr Amanda Doyle, co-chair of the Primary Care Co-commissioning Programme Oversight Group, giving GP-led CCG more influence over the wider NHS budget will enable a shift in investment from acute to primary and community services and enable money ‘to follow the patient.’

She said the introduction of co-commissioning was another step on the path to provide ‘a more joined up, high quality service for the future.’

Ian Dodge, national director for commissioning strategy at NHS England, said the 64 CCGs would get full delegated powers to improve local primary care. They would have ‘a transparent and robust framework’ for managing conflicts of interest.

He added: ‘It is part of our commitment to deliver a new deal for primary care. And it’s a critical step towards joining up the commissioning system, which in turn will help unlock new models of integrated care described in the NHS Five Year Forward View.’

Taking on ‘delegated’ responsibility from NHS England means CCGs will commission general medical services.

Delegated responsibility is one of three models offered to CCGs along with joint commissioning with NHS England and greater involvement in commissioning. Decisions on which CCGs will be approved for joint commissioning will be made in the coming weeks.

For CCGs that have not been approved at this stage, NHS England said it would continue to provide support to help them achieve the commissioning model that works best for them.

The CCGs are:

North

NHS Sunderland CCG

NHS North Durham CCG

NHS Durham Dales, Easington And Sedgefield CCG

NHS East Lancashire CCG

NHS Greater Preston CCG

NHS Chorley And South Ribble CCG

NHS Blackpool CCG

NHS Fylde & Wyre CCG

NHS Blackburn With Darwen CCG

NHS Bradford City CCG

NHS Bradford Districts CCG

NHS Calderdale CCG

NHS Wakefield CCG

NHS Scarborough And Ryedale CCG

NHS Harrogate And Rural District CCG

NHS Vale Of York CCG

NHS Barnsley CCG

NHS Rotherham CCG

NHS St Helens CCG
NHS Liverpool CCG
NHS Knowsley CCG
NHS Halton CCG
NHS Oldham CCG
NHS Wigan Borough CCG

Midlands and East

NHS South Warwickshire CCG
NHS South Worcestershire CCG
NHS Birmingham Crosscity CCG
NHS Sandwell And West
Birmingham CCG
NHS Dudley CCG
NHS Birmingham South And
Central CCG
NHS Telford & Wrekin CCG
NHS Shropshire CCG
NHS North Derbyshire CCG

NHS Hardwick CCG
NHS Mansfield & Ashfield CCG
NHS Newark & Sherwood CCG
NHS Nottingham North & East CCG
NHS Nottingham West CCG
NHS Nottingham City CCG
NHS Erewash CCG
NHS Rushcliffe CCG
NHS Southern Derbyshire CCG
NHS Lincolnshire West CCG
NHS Lincolnshire East CCG
NHS South West Lincolnshire CCG
NHS South Lincolnshire CCG
NHS East Leicestershire And
Rutland CCG
NHS Leicester City CCG
NHS West Leicestershire CCG
NHS Castle Point And Rochford CCG

London

NHS Tower Hamlets CCG
NHS Waltham Forest CCG
NHS Newham CCG
NHS Redbridge CCG
NHS Barking & Dagenham CCG
NHS Havering CCG

South

NHS Eastbourne, Hailsham And
Seaford CCG
NHS Hastings & Rother CCG
NHS High Weald Lewes Havens CCG
NHS South Eastern Hampshire CCG
NHS Fareham And Gosport CCG
NHS West Hampshire CCG
NHS Portsmouth CCG
NHS Gloucestershire CCG

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AT LAST...GOOD NEWS FOR DOCTORS!

And now, after many months of negative media publicity about GPs, the good news.

The politicians and the press may sometimes appear to do nothing but moan about general practice but patients think differently.

As many as 98% of patients, based on over 50,000 interviews, say they are satisfied with the overall experience provided by their doctor.

- 98.83% were satisfied with the overall experience their doctor provided
- 99.35% said they have confidence in their doctor
- 96.94% thought they were involved as much as they wanted to be in the decisions about their care and treatment
- 95.53% felt that by the end of the consultation they were better able to understand and or manage their condition
- 99.81% thought their doctor was polite and considerate
- 99.58% thought their doctor listened to what the patient had to say
- 99.11% said the doctor explained things in the way the patient understood
- 98.99% said the doctor gave enough opportunity for the patient to answer questions
- 97.91% said the doctor answered all the questions posed
- 97.50% thought the doctor respected their views.

The analysis is from medical revalidation provided by Equiniti 360 Clinical, which supports the legal requirement that every five years all doctors are required to complete a 360 appraisal which includes patient feedback.

Introduced in 2012, revalidation assures the GMC that doctors are fit to practise.

Equiniti 360 Clinical founder Jo Parker-Swift said: 'Patients across the UK are hugely positive about their relationships with their doctors.'

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BMA BLOWS WHISTLE ON PARTIES' NHS GAMES

Doctors' leaders hope a new campaign launched today will succeed in blowing the full time whistle on the NHS political football match.

The BMA's pre-general election salvo calls for an open and honest public debate about securing the future of the health service and an end to what it calls 'political game playing with the nation's health.'

'No More Games' calls for the parties to quit playing with NHS funding, the public's health, and who is providing patient care.

BMA council chair Dr Mark Porter, said: 'The NHS is one of the UK's towering achievements, but for too long it has been used to play political games. With health the public's number one election issue, this game playing is on the rise with all political parties laying the blame for the current NHS crisis at each other's door rather than facing the problem head on.

'Against the background of the worst A&E waiting time figures for a decade, the public is being treated to claims and counter claims from political parties about 'weaponising' the health service, 'betraying' the public's trust on the NHS. Caught in the middle are thousands of patients and NHS staff waiting for real, evidenced solutions.'

He said the Association hoped all political parties would join with the public to ensure the long-term future of the NHS. 'We want to see a stop to the headline-grabbing such as 48-hour targets for GP appointments, payments for dementia diagnoses and unfunded budget pledges'.

The campaign launch comes as a new poll* highlights a marked increase in public feeling that politicians are putting votes over patients, with 77 per cent believing political parties to be designing health policies to win votes, rather than focusing what is best for the NHS.

As part of its campaign, the BMA has unveiled a new poster at thousands of sites to bring the campaign to the public's attention. The poster, featuring a giant toy tower representing the NHS, will be seen on billboards and bus shelters.

Doctors are calling on the public to add their voices to those of GPs and hospital doctors across the country in calling for all political parties to stop the game playing and have an open and honest public debate about securing the future of the NHS.

*Ipsos MORI public survey. Research conducted on Capibus, Ipsos MORI's face to face omnibus, between 23-29th January 2015. Questions were asked of 1,988 adults aged 15+ across Great Britain. The survey data were weighted by age, gender, region, social grade, household tenure, working status and ethnicity to be nationally representative of adults 15+ in Great Britain.

Question: **To what extent, if at all, do you agree, or disagree, with the following statements?**

Policies about the NHS from political parties are designed to win votes, not to do what is best for the NHS

Agree (net) –77 per cent

Disagree (net) – 8 per cent

Neither agree nor disagree – 14 per cent

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CONSULTANTS' LEADER FIRES WARNING OVER PAY

The UK senior doctors' leader has warned that the Government's plans for a new consultant contract – currently in a state of stalemate – must offer his members something meaningful.

Dr Paul Flynn, BMA consultant committee chair, told the consultants' annual conference meeting today that if the Government wanted change then it would have to offer something in return.

He said: 'Consultants are not superhuman; we deserve time to rest and time with our families.'

Patients not only understand this, they want it. How many here would like to be treated by an exhausted consultant? Seven out of 10 consultants already report that they don't get enough rest between duties.

'Neither could we commit to accepting the blank cheque that the Department of Health offered, a blank cheque that they would fill in, and probably with a minus number for many consultants. Despite our many requests for it, no data to support realistic modelling was provided so we could not even have told consultants what they could expect to earn – or to lose – from the proposals.

'I say to you now, politicians cannot continue to devalue the vital role of consultants in the NHS through a relentless chipping away at pay.'

Negotiations on a new contract for consultants in England and Northern Ireland stalled last October when consultants' leaders said they could not accept a Heads of Agreement that did not provide adequate contractual protection against excessive workload and burnout.

Dr Flynn told hundreds of consultants at the meeting in London: 'Years of experience have taught us that employers often turn a blind eye to good practice guidance and that only those limits which are enforceable by law or by contract offer any sort of protection from excessive workload. That even after over 18 months of negotiations the employers' side were still trying to move contractual safeguards into guidance told us that our concerns were not being taken seriously.'

The Government has asked the pay Review Body to make observations on the consultant contract with particular reference to seven day services.

Now the BMA's Consultants Committee is preparing to give oral evidence to the RB and expects it to report in July.

Dr Flynn said colleagues have told negotiators how much they valued national terms and conditions.

But these needed defending locally because they were being eroded across the UK.

- New SPA posts offered in Scotland were undermining the professionalism of consultants;
- the Northern Ireland government had refused to make Clinical Excellence Awards, 'ignoring the vast amount of excellent work that consultants do above and beyond their contracts'; and
- in Wales the Welsh Government tried to abandon a contract designed to address the recruitment and retention difficulties affect the Welsh NHS.

A new set of detailed FAQs is planned to help consultants fight off threats to job plans. Dr Flynn said this was just the start of a range of support material aimed at helping doctors defend their contract.

The consultants' leader said he believed a successful negotiation on a national contract would deliver the best outcome for consultants and their patients.

'But if that doesn't happen, then we will be ready. In the words of Theodore Roosevelt, we will 'Speak softly, and carry a big stick'.'

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DOCTORS IN BATTLE TO USE DRUG THAT WOULD 'SAVE NHS MILLIONS'

Clinical leaders from 120 CCGs have called on the GMC, the Department of Health and NHS England to remove barriers preventing them from commissioning safe and effective eye care services using the drug Avastin 'off-licence' to treat the debilitating condition of Wet Age related Macular Degeneration (AMD).

They say supporting CCGs to be able to use Avastin to treat AMD could release millions of pounds that the NHS could re-invest into other front line patient services.

Dr Amanda Doyle, chief clinical officer at NHS Blackpool CCG, said: 'As clinicians we are seeing an increase in the incidence of this chronic eye condition due to an ageing population, and as commissioners we have a responsibility to ensure that every pound spent is done so to the best effect, and that is even more important with the current financial pressures the NHS is facing.'

'The recent Cochrane Review shows that Avastin has been proven to be comparable in terms of its effectiveness and its safety, and is a significantly more cost effective treatment for Wet AMD than anything which is currently available for us to use.

'Members of the public would be baffled if they knew the sums of money being spent on expensive drugs when there is an alternative available that is cheaper and as effective.'

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DOCTORS' LEADERS CAUTIOUS OVER COMBINED BUDGETS

Doctors' leaders have given a cautious reaction to plans to give the £6bn health and social care budget for Greater Manchester to regional councils under devolved NHS powers.

Although they believe patients would benefit from more joined-up health and social care, they say there would have to be clear funding to ensure that an over-stretched NHS budget is not used to prop up an underfunded social care budget.

Dr Mark Porter, BMA council chair, said: 'These wide sweeping changes will affect millions of people. We need to look carefully at exactly how they will affect the commissioning and delivery of services, and what the impact on patient care will be. We must also ensure clinicians have a central role in decisions over health care, something which was undermined by the Health and Social Care Act 2012.'

The BMA wants assurances on who is responsible if these changes go wrong.

Added Dr Porter: 'Doctors believe the Secretary of State for Health should have the duty to provide a universal and comprehensive health service, and must take responsibility for guaranteeing national standards in the of quality care across the country, especially if the delivery of care is to be devolved to local authorities.'

Richard Humphries, assistant director of policy at The King's Fund, said: 'While the ambition is welcome, more details are needed about how the partnership will work in practice and who will be accountable for £6 billion of NHS resources involved in the deal.

'It will be important to avoid the distraction of further organisational change and to clarify the accountability of the Health Secretary for the NHS as a whole alongside a greater role for local government.'

According to Rob Webster, chief executive of the NHS Confederation, the development demonstrates the role CCGs are playing, working with partners in local government to drive improvements in care.

He said: 'We are pleased to see that the changes in Manchester are being locally driven, rather than a centrally imposed initiative. Manchester's plan is an example of changes resulting from good partnership working and strong relationships between health and care leaders, who are showing they can put the interest of the local population ahead of their own organisations.'

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EXCITING TIMES FOR GPS, CLAIMS CCG CHAIR

The chair of Birmingham South Central CCG has described a new model of care being planned for the area as 'a wonderful opportunity' for GP practices.

Dr Andrew Coward was speaking after the Group, its GP partners and Birmingham Community Healthcare NHS Trust (BCHC) agreed in principle to work together to develop a multispecialty community provider (MCP), as outlined in NHS England's 'Five Year Forward View'.

The agreement means that the two organisations would work jointly to develop and deliver services for the 286,000 population covered by Birmingham South Central GPs.

The CCG, made up of 53 practices, claims parallel working will enable a transformation of how the population's health and wellbeing needs are met in the future.

Dr Coward said: ‘The ‘Five Year Forward View’ sets out how the health service needs to change to meet the challenges of the future. The publication argues for a more engaged relationship with patients, carers and citizens so that we can promote wellbeing and prevent ill health. For the people of south and central Birmingham we believe that this will be best served by joint working between our two organisations in the form of a community-based multispecialty provider.

‘It is our ambition to jointly create a radically new model of care and wellbeing which not only delivers good quality care to patients but also inherently supports service users and communities to remain well for longer.

‘We have consulted with our member practices and this plan gives them a wonderful opportunity to engage in scale within the MCP in partnership with BCHC, whilst retaining their commitment to their locality and their patients and practices.’

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GP LEADER ISSUES WAKE-UP CALL OVER MANPOWER PROBLEMS

The number of GPs choosing to retire early or work abroad has been described as ‘worrying’ by the GP chair of the BMA’s education, training and workforce committee.

Responding to a BBC survey, which found that more than half of GPs expect to leave the profession early, Dr Krishna Kasaraneni said this was happening at the same time that general practice faces a serious shortfall in the number of doctors choosing to train for general practice

He said: ‘In my own practice, two established GPs and one newly qualified GP have moved to Canada and Australia since last summer due to the unsustainable daily pressure facing GPs.

‘If this situation becomes normality it will result in an accelerating decline in the overall number of GPs, and will present a threat to patient care as there will be too few GPs for the number of patients walking through the surgery doors.’

He called on politicians and policymakers ‘to wake up to the severity of this problem.’

Dr Kasaraneni said: ‘We need to address the huge pressures facing GP practices, guarantee that GPs are given the resources to be able to deliver the services that patients deserve and need, and work to ensure that general practice once again becomes an attractive career choice for the next generation of doctors.’

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GP STAFF CONTRACTS ‘NEED SOCIAL MEDIA CONFIDENTIALITY CLAUSES’

GPs are being urged to check they have got social media confidentiality clauses in staff contracts to protect patient confidentiality.

According to defence body the MPS, confidentiality is the top risk (94%) in general practice based on Clinical Risk Self Assessments (CRSAs) it conducted at over 100 general practices.

The other top risks identified in general practice include prescribing (89%) and communication (86%).

Julie Price, the Society’s clinical risk programme manager, said investigators had found a growing theme where technology was contributing to the risks in these areas.

She explained: ‘Social media can be a useful tool in keeping patients informed about the practice and its services. However, we found that in 40% of practices we visited, confidentiality clauses for staff did not include a clause regarding the use of social media sites. Without this, what might seem like a harmless comment on a social network site could jeopardise the confidentiality of a patient.’

According to the defence body, all staff at the practice should receive and sign a copy of the confidentiality clause, including the practice-employed cleaner.

It is advising GPs and managers:

- To remind staff that confidentiality should be maintained even after they no longer work at the practice.
- Ensure all staff receive regular training on the importance of maintaining patient confidentiality.
- Be aware that conversations may be overheard at the reception desk. Keep voices down, avoid identifying the patient by name on the telephone and if a patient wishes to speak about a confidential matter, use an area away from the public.
- Consider possible measures, for example a line on the floor, to reduce congestion at the front desk.
- To discourage staff, unless necessary, from registering as patients at the practice. If this happens 'practices must do their utmost to keep the patient's medical information confidential. Staff accepted as patients should be warned there is a risk other members of staff may see confidential information about them.

An MPS analysis of 107 CRSAs of general practices conducted in 2014 identified the top 10 risks as follows:

Percentage of practices who identified the risk:

Confidentiality-94

Prescribing-89

Communication-86

Health and safety-83

Record keeping-75

Test results-72

Infection control-71

Appointments-68

Staff training-65

Protocols-60

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HYBRID MAIL SERVICE SAVING GPs TIME AND MONEY

NHS Scotland has saved nearly £300,000 in the last year as more GP practices begin to recognise the time and money-saving benefits of using a hybrid mail service for patient communications.

Nearly a fifth of all medical practices across Scotland have signed up to the Docmail service, and the company's Livingston site has printed and sent over 400,0000 letters on behalf of its NHS clients in the country.

The firm reckons that compared to the average cost of printing and mass mailing in-house, it represents a saving of over 70p per item – just 39p.

Docmail allows users to create, print and post personalised correspondence through a secure online portal. Users can simply compose the letter, select the recipients from their own address database, and let the company do the rest, safe in the knowledge their mailing will reach its recipients securely, and looking just as professional as if they had sent it the traditional way themselves.

From appointment letters and clinic campaigns, to result reminders, invitations for QOF indicators and invoicing, the capabilities of the system has been offering many options for GP practices.

The Dr Anderson & Partners practice at the Kirkcaldy Health Centre has been using the firm for three years. Practice manager Christine Watt said: 'More than half of our patients have chronic illnesses that require annual check-ups so for patient recalls, Docmail is invaluable. We also use it to send out appointment and treatment reminders too. Given that we have around 8,000 patients, this would be an incredibly time-consuming task!

'I frequently recommend the Docmail solution to other practices – it is much less time consuming, and given that the mailing costs are much cheaper, it's far more cost effective.'

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INCREASING GP NUMBERS “NOT THE COMPLETE FIX”

Expanding the number of GPs alone is not enough to solve the workforce pressures in primary care, according to the NHS Confederation and National Association of Primary Care.

The bodies have therefore called for an alternative approach to workforce planning, in a joint response to a commission by national training body Health Education England.

The commission, chaired by Prof Martin Roland, professor of health services research at the University of Cambridge, has been tasked with identifying and highlighting innovative models of primary care that will meet the future needs of patients and the NHS.

It argues that a whole-system approach is imperative to the development of a future workforce model and calls for more integrated working between primary care and other services.

The joint response says medium to long-term planning for the primary care workforce requires a patient-centred and population-based approach if it is to be effective.

This ‘must be underpinned by enhanced skills-mix, new capabilities, and regulatory and training curriculum change, supported by financial modelling.’

The document sets out innovative ways of working which take a population health management approach and to better meet the needs of patients. This includes on-the-spot screening on the high street, improving data for Chronic Obstructive Pulmonary Disease care and a new outreach role for receptionists.

Dr Nav Chana, Chair of the National Association of Primary Care, said: A more sophisticated model of workforce planning is needed to better support and meet the needs of all our members across the NHS and encourage more integrated working between primary care and other services’.

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NEW GP CHECKS COULD MEAN BIG CHEQUES, WARNS DEFENCE BODY

GPs are being reminded by a defence body to ensure they protect patient data because they now face compulsory data protection audits.

This advice comes in light of new powers introduced at the beginning of February that allow the Information Commissioner to enter premises – including GP surgeries – without consent, to audit how the NHS manages patients’ personal information.

Previously, the Information Commissioner’s Officer (ICO) would only undertake compulsory audits in central government departments and consent was required for audits in the NHS.

It is intended that the new legislation will allow the ICO to target poor performing parts of the health sector and act before a breach occurs. As part of the audits, the ICO will review how the NHS handles patient information, data security, record management, staff training and data sharing.

NHS bodies would be required to allow the ICO to enter the premises and permit them to observe the processing of any personal data.

MDDUS adviser Dr Richard Brittain urged practices to have a robust system in place to ensure sensitive patient data is stored and shared securely.

He said: ‘We regularly receive calls from members following data breaches and urge practices to review their systems proactively.’

Dr Brittain said risks of confidentiality breaches happening were increasing due to the amounts of patient information being stored and transmitted electronically.

The ICO has powers to impose monetary penalties, issue undertakings or even launch criminal proceedings against organisations and individuals who fail to protect private data.

It has issued fines to NHS organisations totalling £1.3m so far.

Dr Brittain advised: 'Consideration should be given to informing the ICO of any breach and it is advisable to contact your medical defence organisation for advice.'

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NEW NHS CASH MAY BE HI-JACKED FOR DEFICITS

Extra funds given to the NHS to improve patient care may be needed instead to plug growing deficits, according to health policy think tank The King's Fund.

Commenting on the quarterly report on the performance of NHS foundation trusts published by Monitor, the charity's policy director Richard Murray said: 'The figures published today show that foundation trusts' financial performance continues to deteriorate, with Monitor expecting an end-of-year deficit of £375m.

'The mounting deficits make an NHS overspend this financial year more likely, meaning that the extra funds that the Government made available to the health service for the next financial year may be needed to pay off this year's deficit.'

He warned that if a solution is not found to financial difficulties then patients will bear the cost as staff numbers are cut, waiting times rise and quality of care deteriorates.

Mr Murray added: 'The position in the acute sector continues to be particularly difficult, with nearly three out of four hospitals currently in deficit. The prolonged slowdown in funding that the NHS is facing means that even well managed organisations are struggling to avoid significant debt. Emergency support is needed for otherwise sound organisations that are running up deficits as a result of the unprecedented pressures on their budget.'

'A new health and social care transformation fund should also be established to meet the cost of essential changes to services. This is a big ask in the current financial climate but the money to do this cannot be found from existing NHS budgets.'

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NHS PAYMENTS TO GPs

The Health and Social Care Information Centre (HSCIC) has warned readers of a new report on NHS payments to GPs not to make the mistake of thinking these are doctors' profits.

Figures on NHS payments to general practice providers in England, released for the first time this week, says that on average, £136 was paid per registered patient.

This added up to over £7.6 billion being paid to 8,060 general practice providers in the financial year 2013-14.

It says: 'The report looks at NHS payments made to providers of general practice services in England in order for them to deliver services. These payments do not take into account the costs incurred by the provider and, as such, should not be interpreted as 'profits'.

Payments included in this report cover a range of costs such as premises, staffing costs and services to patients.

But some payments are not included. These are ones made outside of the HSCIC GP payments system, such as public health services, IT, premises and out of hours services.

During 2013-14 the report shows that the following payments were made:

- £608m (8.0 per cent) for premises.
- £982m (12.9 per cent) for QOF.

- £620m (8.1 per cent) for enhanced services.

The report is produced by the Health and Social Care Information Centre (HSCIC) in consultation with the Technical Steering Committee (TSC), which is chaired by the HSCIC and has representation from the GPC, NHS Employers, NHS England and the Health Departments of the four UK countries.

*Regional data is available within the report and you can read it at: <http://www.hscic.gov.uk/catalogue/PUB16847>

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ONLY ONE GP PRACTICE ‘OUTSTANDING’

Only one GP practice in the latest batch of 65 rated by the CQC has been given the ‘outstanding’ accolade.

It is The Schoolhouse Surgery in Eastern Cheshire.

Others are:

Attleborough Surgeries	Great Yarmouth and Waveney	Good
Berkley Practice	Walsall	Good
Dr Khalid and Partners	Corby	Good
Dr Sinha, Rischie, Sinha, Shanker	Walsall	Good
Drayton Medical Practice	Shropshire	Good
East Leicester Medical Practice	Leicester City	Good
Falkland Surgery	Great Yarmouth and Waveney	Good
New Invention Health Centre	Walsall	Good
Shipdham Surgery	Great Yarmouth and Waveney	Good
Theatre Royal Surgery	Great Yarmouth and Waveney	Good
Thomas Yager & Partners	West Suffolk	Good
Watton Medical Practice	South Norfolk	Good
West Road Surgery	Southend	Good
Eastmead Avenue Surgery	Ealing	Good
Edridge Road Community Health Centre	Croydon	Good
Fryent Medical Centre	Brent	Good
The Practice Canberra	Hammersmith and Fulham	Good
The Stonebridge Practice	Brent	Good
Ampleforth Surgery	Scarborough & Ryedale	Good
Beech Tree Surgery	Vale of York	Good
Dr Mahadeva Selvarajan	Bolton	Good
Dr PF Tynan and Partners	Lancashire North	Good
Dr Pulloori Jagadeshram	Blackburn With Darwen	Good
Dr Spielmann and Partners	Wigan Borough	Good
Farrow Medical Centre	Bradford City	Good
Fenham Hall Surgery	Newcastle West	Good
High Pastures Surgery	South Sefton	Good
Hoylake and Meols Medical Centre	Wirral	Good
Lingwell Croft Surgery	Leeds South and East	Good
Manchester Road Medical Centre	Eastern Cheshire	Good
Seaton Park Medical Group	Northumberland	Good
Shafton Lane Surgery	Leeds South and East	Good
Spring View Medical Centre	Bolton	Good

Station Medical Group	Northumberland	Good
The Dunstan Partnership	Bolton	Good
The Lakes Medical Practice	Cumbria	Good
The Over Wyre Medical Practice	Fylde and Wyre	Good
The Practice Radshan House	Leeds South and East	Good
Axminster Medical Practice	New Devon	Good
Barnfield Hill	New Devon	Good
Blackbrook Surgery	Somerset	Good
Castle Gardens Surgery	New Devon	Good
Charlton Hill Surgery	West Hampshire	Good
Dr Isaacs & Partners	North East Hampshire and Farnham	Good
Dr J.P. Mouny and Partners	Dartford, Gravesham and Swanley	Good
Drs Healy, Thornett and Sherringham	South Gloucestershire	Good
Gloucester City – WG	Gloucestershire	Good
Haldon House Surgery	New Devon	Good
Mid Devon Medical Practice	New Devon	Good
Moretonhampstead Health Centre	New Devon	Good
Mortimer Surgery	North & West Reading	Good
North Swindon Practice	Swindon	Good
Raleigh Surgery	New Devon	Good
Rochester Road Surgery	Dartford, Gravesham and Swanley	Good
South Molton Health Centre	New Devon	Good
St James Medical Practice	Somerset	Good
The Cedars Surgery	Dartford, Gravesham and Swanley	Good
Tilehurst Surgery Partnership	North & West Reading	Good

Dr Sankar Bhattacharjee	Southend	Requires improvement
Dr Raphael Rasooly	Brent	Requires improvement
Dr Hans Schmid	Cumbria	Requires improvement
Farningham Surgery	Dartford Gravesham and swanley	Requires improvement

Dr Kevian Maleki	Great Yarmouth and Waveney	Inadequate
Deanhill Surgery	Richmond	Inadequate

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URGENT MEETING OVER LONDON GPs' FUNDING LOSSES

Doctors' representatives say they have organised an urgent meeting with NHS England to discuss funding losses affecting a number of GP practices in London, especially in the Tower Hamlets area.

In April 2014, the Government began phasing out MPIG, which provided a crucial financial lifeline to GP practices in challenging circumstances who needed additional resources to deliver vital GP services to their local communities.

In August 2014, NHS England agreed to provide short term funding to support some of the practices affected by these changes.

But some GP practices, including those serving some of London's most deprived areas, have struggled to access the reprieve funding offered leaving many GP services facing question marks over how they can go on delivering effective care to their patients.

The BMA believes that the eligibility criteria have not been explained clearly and there has not been enough transparency around the way this additional support has been calculated, leaving some practices concerned they still have not been able to access enough funding to support patient services.

GPC chair Dr Chaand Nagpaul said: 'The BMA's GP committee has warned from the outset about the devastating impact of rapid MPIG withdrawal on patient services.

'NHS England had previously agreed to our call to provide support to 'outlying' practices identified as greatest losers in this process and we expect them to honour their commitment. We are deeply concerned at reports, such as in Tower Hamlets, of practices being unclear about their eligibility and the accuracy of data being used to calculate losses. This could be denying practices the crucial support they need.

'I have written formally to NHS England detailing our concerns and we have secured an urgent meeting with them together with other interested parties to discuss the financial cliff edge facing a number of practices. It is vital that the reprieve funding is provided in a transparent and fair manner.

'We cannot have a situation where patients, including in deprived communities, have their local GP services damaged because of poorly implemented funding changes.'

One practice manager, Virginia Patania of the Jubilee Street Practice in Tower Hamlets, said: 'We regret that our initial meetings with NHS England have not yet produced a solution to address MPIG losses, but are reassured by NHS England's ongoing efforts to work with general practice and our representative bodies.

'Our evidence is clear: we want proper data to be used when the funding is calculated for practices which are likely to be badly affected by these changes. We hope for a speedy solution such that practices currently at risk of closure or redundancies can be helped while there is still time.'

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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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