

PRACTICE NEWS
JUNE 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

01935 423667

CONTENTS

[NEW GP DEAL 'MUST TACKLE WORKLOAD FIRST'](#)

[CQC FAILS ITS INSPECTION AT LMCS' CONFERENCE](#)

[GPC PRACTICE FUNDING CUTS 'BRUTAL' SAYS GPC CHAIR](#)

[CONCERNS OVER NHS DEFICIT DETERIORATION](#)

['TELL US HOW YOU WILL FUND 7 DAY SERVICE' INSIST DOCTORS](#)

[MONITOR BACKS GPS' CONCERNS](#)

[GOVERNMENT ACTS TO BAN £3,500 FOR A DOCTOR'S SHIFT IN NHS](#)

[7-DAY GP PILOT HOTS CONTROVERSY](#)

['£5BN NHS ENGLAND SAVINGS POSSIBLE'](#)

[CONCERNS OVER RE-LAUNCH OF GP RECORDS PROGRAMME](#)

[REACTION TO THE 'NEW GP DEAL'](#)

[PHARMACIES' BITTER PILL FOR GPS](#)

NEW GP DEAL ‘MUST TACKLE WORKLOAD FIRST’

Any new deal for GPs must start with workload first, according to GPs’ leader Dr Chaand Nagpaul.

He has urged Prime Minister David Cameron to ‘get real about how we resource, resuscitate and rebuild general practice.’

The GPC chairman said: ‘It’s absolutely pointless promising 5,000 extra GPs within this parliament if we lose 10,000 GPs retiring in the same period Any new deal for general practice must start with workload, workload, workload. In the 25 years I’ve been a GP, it’s never been tougher.’

He told the LMCs’ annual conference: ‘The current job has an unsustainable, punishing pace and intensity. We work flat out 12 to 14 hour days without a break, We manage complex patients often with four different chronic problems, trying to condense an hour’s worth in the impossibility of 10 minutes, given they were previously seen in four different hospital clinics of 15 minutes each.

‘We look after seriously ill patients at home who would otherwise be in a hospital bed. We laboriously record a wealth of data on computer screens we’re performance managed on. Add to that the avalanche of phone consultations, hundreds of patient letters and test results daily, each of which could have significant consequences on a patient’s health, let alone the rigours of running a practice with increasing regulatory scrutiny and targets.’

Dr Nagpaul said it was no wonder that many young doctors were shunning a career in general practice. Nine out of 10 GPs now believed their workload pressures were damaging quality patient care and the new government needed to take responsibility to put this right.

This needed to start by putting an end to general practice being ‘a one-way valve of workload shift and the backstop for every problem in the NHS and beyond.’

Dr Nagpaul said: ‘Today several thousand patients will attend a GP surgery purely for the bureaucracy of the GP re-referring them the minute they miss a hospital appointment, or to chase up a test result requested by another clinician, fill in school absence reports, provide sickness certificates, prescribe medication outside a GP’s competence because of hospital budgetary rules, or re-refer a patient to a related specialty because of Trust policy.

‘I could go on. This results in longer waits to see a GP, since these thousands of appointments are not available for sick patients who need to see us. It is unacceptable that our goodwill is being exploited in this way, by piling on limitless work onto GPs without any additional funding, while other parts of the system are paid for every ounce of activity.’

Resources had to follow where care was delivered, and this should be a non-negotiable commissioning principle.

[Top of page](#)

CQC FAILS ITS INSPECTION AT LMCS’ CONFERENCE

Punitive over regulation is strangling general practice and is among the top five reasons why GPs want to leave the profession, according to the GPC.

The committee chair has revealed that UK GPs are subject to more scrutiny, performance management, and targets than any other nation studied by the Commonwealth Fund – and that is even before the introduction of CQC.

Dr Chaand Nagpaul said this begged the question why England was spending hundreds of millions of pounds on an inspection regime not felt necessary in Wales, Scotland and Northern Ireland.

He told the LMCs’ conference: ‘Practices live in fear and threat, with days taken away from caring for patients to prepare for and endure inspections.

‘The problem is that CQC has mushroomed into an industry of flawed performance management. We managed to get rid of the shameful intelligent monitoring bands, but still have practice ratings without context and circumstance, and which misleads the public with crude proxies that demean the holistic care hard working GPs provide.

‘CQC needs to go back to basics of keeping registration simple, abandon ratings and plough the millions saved into patient services instead.’

Dr Nagpaul said if the Government really wanted to assure quality then it should change the systems that force GPs to work in ways that compromise quality and safety.

‘I suggest that CQC inspects the Government, to see if it’s well led, caring, responsive, safe and effective. Check its policies and targets, interview its civil servants, look at its track record, and of course consider feedback – compare its 36% electoral support – to the 80% of patients who are satisfied with their GP – and then declare whether it’s outstanding, good, needs improvement or frankly inadequate.’

[Top of page](#)

GPC PRACTICE FUNDING CUTS ‘BRUTAL’ SAYS GPC CHAIR

Practice funding cuts from PMS reviews and the phasing out of the MPIG have been described by the chairman of the GPC as ‘brutal’.

Dr Chaand Nagpaul told LMCs at their national conference that nobody could argue with fair funding between practices – but GPs were suffering under a crude ‘robbing Peter to pay Paul from an utterly inadequate pot’.

This flew in the face of how the rest of the NHS was treated.

It was an ‘unashamed starvation of general practice’ at a time when GPs had taken on the greatest growth in volume of care compared to any other sector in the NHS. They were seeing an estimated 40 million more patients annually compared to five years ago, while A&E by contrast was seeing 600,000 more in the same period.

Practice activity in Northern Ireland had rocketed, with data showing that the number of test results dealt with by practices increased by 217% in a decade and administrative tasks by 115%.

Dr Nagpaul warned the workload issue would worsen due to the demographic change of an ageing population. An estimated 1 million more patients would have three or more long-term conditions by 2018.

He told LMC representatives that 16 times more patients will visit their GP surgery today compared to the numbers who will attend A&E.

‘Each practice closure, each unfilled GP vacancy, each GP working fewer sessions due to stress or each retiring early will hugely reduce GP appointment capacity and a mere 6% reduction in patients seen in general practice would double the numbers attending casualty if they went there instead, and we could be talking not of a four hour wait but an eight hour one.’

He called on the Government to halt its ‘surreal obsession’ for practices to open seven days when there were not even the GPs to cope with current demands.

Dr Nagpaul said nowhere in the world did any nation provide a state-funded routine GP service seven days a week. But here the Government was pretending GPs could do more than anyone else with fewer GPs per head than in Europe, while spending less on health compared to virtually all other comparable nations.

[Top of page](#)

CONCERNS OVER NHS DEFICIT DETERIORATION

The BMA has voiced concern at the latest figures showing mounting English NHS Trusts deficits.

Figures published by Monitor show that Trusts in England have reported a total deficit of £822m in 2014-15, compared with £115m the previous year.

Dr Mark Porter, BMA council chair said: ‘These figures are extremely worrying and show the extent of the dire financial pressure many hospitals are under.’

He said the prices paid to hospitals for work done were being cut year on year to drive 'efficiency savings', but the effect was that hospitals were being pushed into deficit.

Said Dr Porter: 'This is no way to run a health service that needs to meet rising demand from an ageing population with complex care needs and we call on Government to move away from the current approach to one of investment in health.'

Rob Webster, chief executive of the NHS Confederation, said: 'This report provides a clear indication of the pressures faced by the NHS today, with the Foundation Trust (FT) sector posting a year-end deficit for the first time'.

He said a clear signal from the Government that it would increase funding every year of this Parliament would allow the NHS to focus on the tough efficiency savings required and achieve the vision set out in the Five Year Forward View.

Richard Murray, director of policy at The King's Fund, said: 'These deficits have occurred despite substantial extra money provided by Government, without which the position would have been much worse. The figures underline the huge pressures facing acute trusts which have collectively overspent by £1 billion. This is largely due to increasing demand for services and decisions by hospitals to recruit more nurses in order to maintain quality of care, but it also reflects the squeeze on their incomes as a result of cuts in the prices paid for treatment.

'Attention will now turn to the current financial year, with signs suggesting that the position is continuing to deteriorate. Our most recent survey of NHS finance directors indicated that two-thirds expect to overspend this year.'

He said plugging the growing black hole in NHS finances must now be an urgent priority for the Government. 'There is a real prospect of deficits snowballing and, unless the Government finds extra money, an accelerating decline in NHS performance and a deterioration in patient care.'

[Top of page](#)

'TELL US HOW YOU WILL FUND 7 DAY SERVICE' INSIST DOCTORS

The BMA has had another swipe at the Government over its plans in the Queen's Speech to ensure the NHS works on a seven-day basis.

Dr Mark Porter, BMA council chair, responded: 'Doctors believe that patients should have access to high quality healthcare as and when they need it. The NHS already provides many GP and hospital services seven days a week.

'The real question for the Government is how they plan to deliver more care when the NHS is facing a huge funding gap and there is a chronic shortage of GPs and hospital doctors, especially in emergency medicine, where access to 24-hour care is vital'.

He reiterated that general practice was already struggling to cope with rising demand from an ageing population while also facing a recruitment and retention crisis.

With many hospitals pushed into financial deficit and existing services struggling to cope, Dr Porter urged the Government again to explain how it will fund and staff more GP and hospital services.

[Top of page](#)

MONITOR BACKS GPs' CONCERNS

An investigation by NHS England's regulator Monitor has backed GPs' concerns about lack of finances and doctors.

It concluded that the evidence it reviewed 'suggests that the current level of supply of GPs is unlikely to keep pace with increasing demand and that workforce issues are particularly severe in economically deprived areas.'

Monitor said lack of resources appeared to restrict providers' ability to respond to patients' needs.

It stated: 'Most providers of GP services we spoke to told us that they find it challenging to meet the needs of their patients with existing resources because of an increase in the volume and complexity of consultations. GPs told us that workforce shortages and a lack of funding (eg for premises) are constraining their ability to expand capacity in response to patient needs.'

'Some providers told us that the payment they receive does not allow them to operate on a financially viable basis. There is also evidence that the distribution of funding for GP services creates a challenge for some GP practices in delivering good services to patients, particularly in economically deprived areas with challenging health needs.'

Monitor also reported that there had been few recent opportunities for providers to set up new services or expand existing services. It said: 'Some providers told us there were few opportunities to set up new GP practices or expand with new surgeries in areas where they had identified patient need. The evidence suggests that commissioners have awarded few new contracts to provide GP services in the last few years.'

GPC chair Dr Chaand Nagpaul last night welcomed the findings, saying they backed the BMA's consistent message to politicians that GP services do not have the resources, staff or infrastructure to meet rising patient demand.

He commented: 'Many GP practices are struggling to treat the sheer number of patients coming through their doors and deliver enough appointments, especially as the rising number of older patients often require longer, more complex consultations. There is also a national shortage of GPs which is being exacerbated by the government's failure to meet its own target of improving GP recruitment.'

'Despite this, as the executive summary of the Monitor report says, 'The information gathered indicates that a substantial majority of patients are satisfied with their GP practice and the large majority of GP practices perform well against NHS England's and the Care Quality Commission's quality indicators'. This is down to the hard work of GPs and is despite the pressure they are under.'

Again he called on the Government to give GP services the backing they need. Dr Nagpaul said this included a long term, sustainable plan that ensures GP services have sufficient numbers of GPs and nurses, as well as up to date facilities.

He added: 'Instead of promising patients undeliverable services, ministers need to focus first on ensuring GP practices can actually deliver basic care to their local patient populations.'

[Top of page](#)

GOVERNMENT ACTS TO BAN £3,500 FOR A DOCTOR'S SHIFT IN NHS

Health Secretary Jeremy Hunt has ordered a clampdown on rip-off staffing agencies charging the NHS extortionate rates, as part of a package of new financial controls to cut down on waste in the NHS.

The NHS should come together to take on agencies in order to make every penny count for patients, he said.

This action will help the NHS bring down spiralling agency staff bills – which cost the NHS £3.3bn last year, more than the cost of all that year's 22mn A&E admissions combined. Other controls include limiting the use of expensive management consultants.

The NHS is paying agencies up to £3,500 per shift for doctors, and the total bill for management consultants was more than £600m last year.

Strict new rules will:

- set a maximum hourly rate for agency doctors and nurses;
- ban the use of agencies that are not approved;
- put a defined cap on total agency staff spending for each NHS trust in financial difficulty;
- require specific approval for any expensive consultancy contracts over £50,000;

Mr Hunt said: “Expensive staffing agencies are quite simply ripping off the NHS. It’s outrageous that taxpayers are being taken for a ride by companies charging up to £3,500 a shift for a doctor. The NHS is bigger than all of these companies, so we’ll use that bargaining power to drive down rates and beat them at their own game.’

AGENCIES

Use of agency staff has risen from £1.8 billion to £3.3 billion in three years to help correct historic understaffing on wards and some agencies are charging up to £3,500 an hour for doctors. We want to see hospitals employing more permanent staff – there is clinical evidence this improves patient care.

Driving down prices and deterring more staff from turning to agencies in the first place, the strict new rules introduced later next week will set a maximum local hourly rate for agency doctors and nurses, ban the use of agencies that are not approved, and cap total agency staff spending for NHS trusts in financial difficulty.

Initially this cap will apply to nursing staff, but will be extended to other clinical, medical and management/administrative staff. Capped rates will be reduced from the initially set level over time.

MANAGEMENT CONSULTANTS

Hospitals are increasingly hiring management consultants by default instead of looking at the skills they have within the hospital, the Government says. This cost the NHS nearly £600m last year. An immediate cap of £50,000 will be applied to all management consultancy contracts and Trusts which need to break this cap for clinical reasons will have to get permission from their regulator, Monitor or the Trust Development Authority, to do so.

PROCUREMENT

Hospitals currently negotiate prices for supplies individually and as a result cannot always secure the best prices for products. The NHS will be told to collectively negotiate with suppliers using economies of scale to drive a harder bargain.

The Government claims hospitals could save up to 38% on sterile surgical gloves by switching suppliers.

[Top of page](#)

7-DAY GP PILOT HOTS CONTROVERSY

A pilot 7-day GP service in Manchester has come in for criticism from doctors in a survey.

According to the British Health Report, from Your Legal Friend, 71% of the Manchester public said their opinion of the NHS would improve if they had access to a 7-day service.

But the city’s medical professionals are concerned about how a 7-day service would work in practice.

Six in 10 (62%) Manchester medical professionals felt that it would not work at all.

Only a third (32%) felt it would work, with 18% of those unsure how the service would be implemented.

Laura Morgan, director of medical negligence at Your Legal Friend, said: ‘Patients across the country deserve access to the highest standard of care whatever day of the week, whether that be in hospitals, GP surgeries, or specialist settings.

‘But most importantly, care standards must be the priority. We call on the Government to ensure that, if a 7-day service is rolled out nationwide, it is properly resourced so staff are not stretched and patients receive the utmost quality of medical care and treatment.’

[Top of page](#)

‘£5BN NHS ENGLAND SAVINGS POSSIBLE’

Up to £5bn a year could be saved by the NHS in England by 2019-20 if there was real commitment to efficiencies, according to a major report.

Lord Carter’s Review of Operational Productivity in NHS providers Interim Report, says the great challenge is to lift hospital efficiency to a consistently high standard in every area of every NHS hospital and, where there is good performance then to innovate to improve further.

He said: ‘Whilst I am reluctant to set detailed targets, I believe from the data so far available we could look to savings of up to £5bn per annum by 2019-20 provided there is political and managerial commitment to take the necessary steps and funding to achieve these efficiencies.

‘I believe up to £2bn could be delivered by improving workflow and containing workforce costs. Amongst other things, this includes increased productivity through having a stronger management grip on non-productive time (for example annual leave, sickness and training), better management of rosters and improved guidance on appropriate staffing levels and skill range for certain types of wards.

‘I think a further £3bn could be delivered from improved hospital pharmacy and medicines optimisation, estates and procurement management (£1bn from each) by adopting best practices and modern systems for example, creating a tightly controlled single NHS electronic catalogue for products purchased by hospitals.’

NEW WAYS OF WORKING

He said he was confident that within the next few years NHS Hospitals will go further than this by focussing on workflow and new ways of working leading to a significant change across the service that will deliver even greater efficiencies.

Lord Carter continued: ‘From the evidence received so far, I do not think there is any one single action we can take but I do believe there are significant benefits to be gained by helping hospitals, using comparative data, to become more productive.’

Workforce costs was a particular priority because just a 1% improvement in workforce productivity could represent as much as £400m in savings, he said.

Two key obstacles to efficiency savings were a lack of quality data and the absence of metrics to measure relative performance. So he recommended the NHS to adopt the ‘Adjusted Treatment Index’ (ATI) developed with a cohort of 22 hospitals.

BENCHMARKING

Lord Carter said ATI metric could serve as a barometer for hospitals to compare themselves with their peers, taking account of complexity of care provided, and more importantly be a baseline for future improvement.

He also concluded a model was needed to define what an efficient NHS hospital looks like. A ‘model hospital’ could show how good clinical practice, workforce management and careful spending led to measurable efficiency improvements while retaining or improving quality.

A fuller report is due in the Autumn.

Rob Webster, chief executive of the NHS Confederation, which has around 500 members across health and social care, said: ‘The Government has pledged at least £8 billion in additional funding for the NHS by 2020. This will mean the NHS will need to find almost three times more – £22 billion over the period – by improving productivity and efficiency.

‘Making savings from the way NHS supplies are purchased and from temporary staffing will make a contribution to filling this gap. This will be a vital area for NHS providers to explore and Lord Patrick Carter’s interim review has been published at the right time to help them to do so.’

He said agency staff would continue helping the NHS for the foreseeable future but said hospitals needed to reduce their use and cost. Improvements in flexible working, better technology and arrangements with local agencies could all help.

Mr Webster added: 'Lord Carter's interim findings are crucial to understanding how costs might be brought down and we expect that the implementation of his review will be developed further with the sector, in the spirit it has been up to now.'

'The potential savings need to be tested and developed with the wider NHS, so that final savings targets due to be handed to the NHS from September, are owned by the whole service.'

An NHS Confederation member survey published last week said 71 per cent of senior NHS leaders described the current financial pressures as the worst they have ever experienced.

Mr Webster said the organisation was working with national bodies over the next four months to bring members together to explore how to make savings in this Parliament. 'This work will look to demonstrate the value of an approach led by the NHS to shape the Government's plans due to be laid out in a spending review later this year.'

He said more could be done to improve productivity and while it was fair to say waste exists in the NHS it was not true to say it is wasteful. 'In fact, data on spending and outcomes show the NHS is relatively efficient compared to other countries and our members' efforts to reduce costs in the last parliament delivered almost £19 billion worth of savings.'

ASK THE DOCTORS

Dr Paul Flynn, chair of the BMA consultant committee, said: 'Doctors are well placed to identify where savings can be made, without patient care being put at risk, and managers should make better use of this insight and experience.'

'There has been a rise in the number of NHS staff reporting stress-related illnesses in recent years³, as increasing demand and cuts to services leave them over-stretched and struggling to cope. This shows that short-term savings can come at a long-term cost to services and staff wellbeing.'

'Better staff planning and procurement are important but we must be wary of trying to apply a one size fits all model of cost saving, as each hospital has their own unique set of challenges and circumstances.'

'Improving procurement provides an opportunity to look again at supply chains and ensure the NHS is buying good quality, value for money but also ethically produced products.'

[Top of page](#)

CONCERNS OVER RE-LAUNCH OF GP RECORDS PROGRAMME

A patients' watchdog has voiced concerns over moves to re-launch an IT patients' records programme from GP surgeries.

GP practices will again try to implement the controversial Care.data programme which got off to a bad start last year.

The programme is intended to enable information on GP records to be shared with the Health and Social Care Information Centre (HSCIC).

But despite the benefits of Care.data it was not universally welcomed when first launched last year and there were concerns that the system was 'opt-out', meaning patients' data would be shared unless they stated otherwise.

An All Party Parliamentary Group on Care.data found organisations agreed that the public had been inadequately consulted in the early stages of the programme and it was put on ice to allow further public consultation.

Now GPs will be contacting patients individually for their views, but the Patients Association says it is likely that the issue of informed consent will still be contentious.

Chief executive Katherine Murphy said: ‘In a digital age, we should not be retrogressive in our approach to healthcare and instead embrace systems that allow better communication between primary and secondary care.’

‘However, informed consent is a fundamental to good healthcare and an ill-informed patient is not an autonomous one. ‘Opt-in’ is unlikely to provide enough patients to make the system operable. But ‘opt-out’ must include rigorous measures to inform patients about the nature of Care.data.’

[Top of page](#)

REACTION TO THE ‘NEW GP DEAL’

GPs have welcomed some aspects of Health Secretary Jeremy Hunt’s ‘new GP deal’ announced today but they believe seven day opening is impossible and cannot see where the thousands of additional doctors will come from.

Government plans include:

- Increased flexibility of working to enable retired or close-to-retiring GPs to work part-time
- The potential for creating financial incentives to recruit staff to areas most in need
- 10,000 new staff including practice and district nurses, physician associates, pharmacists and 5,000 GPs.
- Providing 12 months additional training in primary care related specialties, such as paediatrics, to medical students

GPC

The BMA said increased support for general practice was a positive step but opening practices seven days a week was impossible in the current crisis.

GPC chair Dr Chaand Nagpaul said he supported the Health Secretary’s announcement today for an additional 10,000 staff, including 5,000 GPs, as part of a £10m investment for primary care in England.

But he warned that demands for seven-day services were simply unattainable while the profession remained overwhelmed and under-resourced.

He said: ‘The Secretary of State is right to highlight the great strengths of general practice and the need to increase investment to support this vital service that is so valued by patients.

‘GPs want and need more time to care for their patients, but at the moment, nine out of 10 GPs feel that excessive workload is damaging the quality of care they can provide patients, and this is having a major demoralising effect on the profession — one that’s pushing more and more doctors toward the exit.’

Dr Nagpaul said younger doctors were being put off a career in general practice and it was not logistically possible for GP surgeries to be open nationally seven days, without stretching GPs so thinly so as to damage quality.

He urged the Government to focus on making general practice a more rewarding and appealing career and support practices to provide accessible services during the day.

RCGP

RCGP Chair Dr Maureen Baker said: ‘We are really pleased that the Secretary of State is publicly acknowledging the value of general practice and the sterling job done by hardworking GPs up and down the country every day on behalf of their patients – after years of GPs being used as a whipping post by successive governments.

‘The College is credited widely for making a very compelling case for more investment in general practice – including thousands more GPs – and the emphasis that Mr Hunt places on boosting our workforce by ‘recruiting, retaining and returning’ GPs shows that he is listening to us.

‘The Secretary of State makes many commitments which, if they come to fruition, will put general practice on a more stable and secure footing for the future and ensure that family doctors can keep pace with rocketing patient demand and increasingly complex caseloads.

‘What we need now is a clear and costed plan for turning this into a reality – and a timescale for how quickly this can be delivered.’

Dr Baker warned that without additional funding and sufficient numbers of GPs it was impossible to deliver a seven day service for routine care in every general practice, especially when there were currently huge swathes of the country where the GP shortages are so severe that they are struggling to provide even a five day service.

‘We believe that the emphasis should be on strengthening and better resourcing for existing GP out of hours services, staffed in the main by local GPs – and on ensuring that patients and the public are aware of the services that are available to them so that they can have better access to the skills of a GP 24/7 when they need them.

‘We have long said that transparency and metrics can play an important role but this has previously been used as a blunt instrument, with indicators that don’t relate well to general practice and our patients. We feel that the way forward outlined by Mr Hunt today provides us with the opportunity to make a fresh start in this area of quality improvement.

‘With family doctors flailing under a mountain of red tape and form-filling, we would also like to work with the Government as part of its drive to cut bureaucracy. We hope that this will include a review of CQC inspections and regulatory processes.’

She said Mr Hunt’s speech was a step further to delivering ‘the new deal’ for general practice.

NHS CONFEDERATION

Rob Webster, Chief Executive of the NHS Confederation – which has around 500 members across health and social care – said: ‘We need to recognise that primary care extends far beyond GPs. The NHS Confederation has for a long time argued that increasing GP numbers alone will not solve workforce pressures in primary care.

‘The Secretary of State rightly recognises the importance of other professionals such as pharmacists, therapists and community nurses in increasing quality and capacity in primary care and we welcome this.

‘To address this we need a whole-system approach to service and workforce planning built on communities. This means more joined up working between primary care and other services.’

NAPC

Dr Nav Chana, chairman of The National Association of Primary Care (NAPC), said: ‘This approach to workforce development in primary care must be focused on building teams with the right skills needed to address local population needs as well as addressing shortages in GP numbers.

‘NAPC recognises the importance of improving access to primary care across seven days, however, we need to ensure we first get the system right ‘in hours’ and build on the evidence around patient access to avoid falling in the trap of supply induced demand. In addition there may be many more solutions to be explored for providing a seven-day service.

‘We also welcome the approach to reviewing outcomes around patient groups but wish to ensure that these include an emphasis on outcomes that matter to people including wellness, prevention and self-care as well as those related to illness.’

James Kingsland, president of NAPC said: ‘I welcome the Secretary of State’s commitment to reducing bureaucracy and support technological innovations that will enable professionals to spend more time with their patients.’

[Top of page](#)

PHARMACIES’ BITTER PILL FOR GPS

GPs who lease space to a pharmacy are being warned they could be losing out on £200,000 if they do not carry out regular reviews of the rent that their pharmacy tenant pays.

According to GP Surveyors, between 2012 and 2014 it negotiated average pharmacy rent increases of 49% – amounting to an income rise of £7,990 a year or £199,750 over a standard 25 year pharmacy lease.

The firm's director Chris Johnson said: 'These new figures show that many pharmacy tenants are still paying far too little rent to their GP landlords. £200,000 is a huge figure which would play a significant part in helping GP surgeries across the country who are struggling financially.'

He explained why there is often such a shortfall:

The problems often start at the beginning of the occupancy. In many cases, a pharmacy company will approach a GP surgery asking to rent space at a rate that is higher than the notional rent currently being achieved for the space. In addition to this, the amount of floor space that a pharmacy needs to operate is very small. Therefore, the rent being offered by the pharmacy sounds very attractive and many practices will sign up to a lease without seeking professional advice.

'If advice had have been sought, it is possible that a much higher rent could have been negotiated, along with a one-off premium payment and an agreement from the pharmacy to fund any changes required to the fabric of the building to allow the pharmacy to be best accommodated within the premises.

'At this stage, it is also pertinent to ensure that there is appropriate rent review provision within the lease. This means that the GP practice can review the rent at various points throughout the duration of the lease to ensure that it remains in line with the market and patient numbers.'

Mr Johnson said it was important to note that it is possible to review the pharmacy rent retrospectively if a rent review has been forgotten in the past.

If it was found that the pharmacy was paying too little, the pharmacy would have to pay this shortfall to the practice. This was normally plus interest – depending on the interest provision outlined in the lease.

[Top of page](#)



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

[Leave Feedback](#) [Register a Colleague](#)

www.albertgoodman.co.uk