

**PRACTICE NEWS  
JULY 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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## **CARRY ON INSPECTING – CQC’S ANSWER TO GPs’ CALL TO SCRAP VISITS**

GPs’ complaints about the CQC are set to intensify after it refused calls from both the RCGP and BMA to stop its inspections of their surgeries.

CQC chief inspector of general practice Prof Steve Field hit back by saying more than one in seven general practices were not delivering the care ‘that patients have every right to expect’ so now was not the time to halt inspections.

He said: ‘In the last few weeks alone, we have found some seriously deficient primary care, which has led to us cancelling the registrations of some practices, in the interests of protecting the safety and quality of care for people who use these services.’

The GP, himself a former RCGP leader, said: ‘We are extremely disappointed that the Royal College of General Practitioners has called for an ‘emergency pause’ to our inspections of general practices, which we carry out to make sure that people across England get safe, high-quality and compassionate primary care. The safety and quality of care of people who use these services continue to be our number one priority.

‘Already our inspections have allowed us to rate over 1,100 general practices across the country as Outstanding, Good, Requires Improvement and Inadequate. We believe these can help people to make informed choices about their care. So far, around 85% of these general practices have been either Good or Outstanding.’

Prof Field added: ‘As a practising GP, I have never intended for our inspections to be experienced as a burden to those in the profession – and for a well-managed practice, the information we ask them to provide should not present itself as one.’

### **CQC ‘UNFIT FOR PURPOSE’**

GP leaders at the BMA’s Annual Representative Meeting (ARM) in Liverpool have called on the CQC to suspend its current inspection regime after delegates overwhelmingly passed a motion describing the CQC as ‘unfit for purpose’.

Dr Chaand Nagpaul, BMA GP committee chair said: ‘Even though the vast majority of practices are ultimately rated as good or outstanding, it is clear that the CQC has lost the confidence of the profession and needs urgently to address the fundamental problems with its inspection regime.

‘The BMA’s GP committee has been voicing significant concerns about the CQC’s operation, particularly the overly bureaucratic and often nit-picking assessments that are wasting days of valuable GP and staff time that could be being spent on treating patients. The current regime is incurring huge costs of several hundred million pounds annually.

‘Many of the inspection reports are of questionable clinical value and are presented in simplistic, crude terms that tell patients little about the quality of care being provided by their practice. Even worse they have the potential to mislead the public and do not encourage ongoing quality improvement.

‘The BMA has already successfully lobbied for the dropping of the flawed and damaging risk bandings for GP practices, which passed judgement before inspectors had even walked through the surgery door. But not enough progress has been made since then to address the other fundamental problems facing the CQC.

‘We will be writing to the government and CQC asking for an urgent meeting to cease the current inspection process, in the wake of the ARM’s decision which backs an earlier vote taken at the Local Medical Committee Conference in May. GPs and their patients have waited far too long for an evidence based, proportionate, inspection process that facilitates trust amongst the profession, and one that the public can have confidence in.’

The motion passed at the BMA’s ARM was: ‘That this meeting asserts that the CQC has proven itself to be not fit for purpose –

- i) and continues to damage the morale and professionalism of all doctors;
- ii) and has demonstrably failed to deliver the tasks they were set to do.

## WHAT THE RCGP SAYS

Last weekend the RCGP's governing Council voted overwhelmingly in favour of the emergency motion: 'In response to the Secretary of State's announcement that GPs are the 'jewel in the crown' of the NHS, Council asks the Chair of Council to write [to him] asking for an immediate pause in the CQC's programme of routine inspections in order for practices to better manage their workloads. Council calls for an urgent review of CQC inspections and regulatory processes.'

The College claims that a temporary halt to the inspection process would prevent general practice from going into meltdown in the next six months as the family doctor service struggles to cope with rocketing patient demand and an increasingly insufficient number of GPs, putting patient safety at risk.

In an open letter to the Health Secretary, RCGP Chair Dr Maureen Baker warns that the burdens being placed on GPs by the CQC inspection regime, and pressures to provide seven day access for routine care – as set out by Mr Hunt in a speech last Friday – are undermining efforts to turn around the crisis in general practice.

She says: 'In the view of RCGP Council, the current inspection process tends to focus on those things that can be most easily documented and generates considerable additional clinical and administrative activity for practices. We believe that the time has come to conduct an urgent review of the CQC's regulatory regime, to eliminate unnecessary bureaucracy and to ensure that it reflects the distinctive nature of general practice and focusses on what matters most to patients.'

'Whilst this takes place, we call for the CQC's programme of routine inspections to be halted on a temporary basis, as a means of alleviating the pressures on general practice which have now reached such an extent that they are giving rise to serious patient safety concerns. This would not, of course, preclude the CQC from conducting inspections of practices where specific reasons existed for doing so, for instance were a practice to be subject to a significant level of complaints.'

## MASSIVE TOLL ON GPs' TIME

New RCGP research shows that every GP could gain 120 additional hours a year to care for their patients if the Government were to reduce by half the general administrative burden that is currently imposed on GPs.

If the additional time was used to cut waiting times for GP appointments, the College estimates that patients would be able to secure an appointment to see their GP in under one week on nearly 12m more occasions a year – reducing the number of occasions on which patients have to wait more than a week for an appointment by just under 20% from 62.4m to 50.6m each year.

Turning to seven day access, Dr Baker says in her letter that Mr Hunt has signaled a clear aspiration that GPs should be looking to roll out seven day access to routine general practice care, despite concerns – repeatedly expressed by the RCGP – about the implications for severely overstretched GP practices across the country.

She says: 'Our members are extremely concerned about the impact such a move would have on their ability to keep vital services up and running for patients. In the current climate – with huge concerns about current and future workforce capacity, and experienced GPs retiring due to high stress levels – we believe it is unrealistic to talk about achieving seven day access for routine GP care.'

'As the College has been highlighting through our Put patients first: Back general practice campaign, and as you noted in your speech, successive governments have under-resourced and undervalued general practice, with the result that GPs are in no position to take on extra work. Attempting to force through seven day working without a significant boost in resources and workforce would cause general practice to go into meltdown and would irreparably damage patient care.'

'We are concerned that there is a real risk that the emphasis being placed on expanding seven day working will place unrealistic expectations on general practice and have a negative impact on efforts to recruit and retain more GPs. With morale already at an extremely low ebb within the profession, telling GPs they must work longer hours – when workloads are already so high – will make it harder for us to attract young doctors into general practice, and lead to more of our current workforce retiring early.'

‘We urge the government to give assurances to concerned GPs across the country that plans to move to seven day working will not be forced through whilst our concerns remain unresolved.’

### **COSTINGS FOR 7 DAY SURGERIES**

Independent research commissioned by the RCGP has shown that the cost of extending GP hours beyond the current contract so that one in four surgeries open late and at weekends would cost at least £749m per year – rising to £1.2bn if one in two practices were to take part.

The RCGP says this is vastly in excess of the limited one off funding for extended hours pledged by the Government through the GP Challenge Fund.

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## **GOVERNMENT BACKS AWAY FROM 5,000 GP TARGET**

Health Secretary Jeremy Hunt appears to have back tracked on the promise of 5,000 new GPs in five years, following doctor pressure.

He clarified today that the pledge to recruit 5,000 GPs by 2020 was a maximum possible figure rather than a firm target.

GPC chair Dr Chaand Nagpaul said: ‘We are glad that after pressure from the BMA, the Secretary of State is beginning to accept that we need to be more realistic about GP recruitment. With such a limited workforce he now needs to rethink his plans for seven day services which cannot be practically delivered with the current shrinking number of GPs.’

He said delivering 5,000 extra GPs in five years when training a GP takes ten years was a ‘practical impossibility’ that was never going to be achieved.

Dr Nagpaul said it was a pledge that also ignored the fact that one third of GPs are planning to retire by 2020 and that current medical graduates do not want to join an overworked, underfunded service, with more than 400 GP trainee posts left unfilled last year.

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## **SUPPORT FOR SALARIED AND LOCUM GPs**

Salaried and locum GPs’ leaders want the growing number of GP federations and networks to make sessional doctors a key part of their operations in future.

The call came after the BMA’s Annual Representative Meeting (ARM) passed a motion calling on federations and networks to ensure sessional GPs are employed on fair contractual terms and have access to proper career progression and development opportunities.

Dr Vicky Weeks, BMA GP Sessional Subcommittee chair, said: ‘Salaried and locum GPs are a growing band within the GP workforce, anecdotally it’s clear these doctors make up more than 50% of the workforce in some areas of the country. Many GPs see a career as a salaried or locum GP as a positive choice and in the BMA’s recent survey of more than 15,560 GPs, close to two thirds did not envisage taking up a GP partnership.

‘With this in mind, it is important that networks and federations make sessional GPs an integral part of their planning. Too often there is a tendency to see them like worker bees, just carrying out duties handed down to them.’

The motion said salaried and locum GPs should be seen as an asset by practice networks and federations and should see they were employed/contracted under equitable terms and conditions.

It also urged networks and federations to ensure these GPs have adequate access to career progression and development.

The BMA was asked to strongly promote the use of the salaried model contract by these organisations.

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## NEW ROUND OF CUTS WILL RAISE NHS COST PRESSURES, WARN DOCTORS

A leading public health doctor has criticised Chancellor George Osborne's decision to cut £200m from the public health grant given to local authorities.

Dr Iain Kennedy, chair of the BMA's public health committee, warned this would directly damage the public's health and increase costs and pressures on the NHS.

He told the BMA's annual representative meeting in Liverpool: 'Investment in public health is already under intense pressure as local authorities use its funding to cover cuts to other budgets. Yet the Government has announced a further £200m of cuts from the supposedly 'ring-fenced' public health grant – that's the equivalent to the total public health grant for Birmingham, Manchester, Leeds and Liverpool combined – potentially leaving services and staffing levels gutted and unable to cope with rising need.

'The Government is demanding vast savings when money has already been committed to crucial services, and further cuts will end up costing the NHS and the taxpayer more money in the long-term, and run totally counter to the government's claim to support more investment in preventative health.'

The conference backed an emergency motion condemning the decision to cut £200m from the public health grant, stating this ran counter to the Governments' stated commitment to increase funding for ill health.

Doctors agreed the cut would 'directly damage the public's health and increase costs and pressures on the NHS.'

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## PRE-BUDGET FEARS OVER NHS FUNDING

Nine in 10 acute health trusts are now forecasting a deficit – up from 21% this time last year.

According to The King's Fund, which produced the figures in a survey, unless additional funding is found then a growing black hole in NHS finances could have significant consequences for patient care.

In a briefing published ahead of next week's Budget, the think tank warns that financial problems are now endemic among NHS providers, with even the most prestigious and well-run hospitals forecasting deficits. New findings from its latest survey of NHS finance directors show that:

Two-thirds of trusts are forecasting an end of year deficit, up from 25 per cent at the same time last year. 62% say their forecast depends on the provision of additional financial support, running down their reserves, or both

Health Secretary Jeremy Hunt and the chief executive of NHS England Simon Stevens recently warned that the NHS will not receive any further funding increases this year.

But The Kings Fund argues that, although there is scope to improve NHS productivity, initiatives to reduce spending on agency staff and increase financial control will not be enough to close the black hole in NHS provider finances which estimates suggest could top £2 billion this year.

It said: 'Despite additional funding announced in the Autumn Statement, pressures on NHS budgets have been exacerbated this year by a cut in the prices paid to hospitals for treatment and the transfer of more than £3.4 billion in NHS funding to the Better Care Fund, the government's flagship scheme to promote integrated care. The social care system is also under huge pressure, with growing numbers of people unable to access publicly-funded care.'

And it also warns that the £8 billion a year in additional funding pledged by the government by 2020 is the bare minimum needed to maintain standards of care and will not pay for new staff or the Government's pledge to implement seven day working across the NHS.

Looking ahead to the Spending Review later in the year, it argues that the £8 billion must be front-loaded early in the parliament and that additional funding must be prioritised to support essential changes to services and for social care.

Richard Murray, policy director at The King's Fund, said: 'Last year's deficit among NHS providers was unprecedented, but this year is shaping up to be much worse.'

'If the Chancellor does not find additional funding in the Budget, the government must face the consequences – either patient care will suffer or the Department of Health will overspend its budget this year.'

'NHS leaders have signalled a stronger focus on financial control and there is still significant scope to increase productivity in the NHS, but this will not be enough to close the black hole in NHS finances.'

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## **GPS FACING INCREASING VIOLENCE IN THE SURGERY**

Doctors are reporting an increased incidence of violence against them from patients.

96 per cent of those who took part in a survey reported at least one incident in the last five years.

According to a Medical Protection Society (MPS) survey of 254 GPs, 46 per cent of GPs believe patients are more violent and aggressive than five years ago, while 35% think the situation is about the same.

51% of GPs have experienced violent or aggressive behaviour from patients and 34% of those accepted it as part of their job.

Following the violent or aggressive encounter, 82% of GPs documented the incident in the patient's medical record, and 65% reported it to the practice manager, while 59% tried to resolve the matter with the patient.

One in five GPs reported the incident to the police.

In dealing with violent and aggressive behaviour, support within the profession appears strong – 71 per cent of those who had experienced such incidents received support from their colleagues, while 50% of GPs said they received support from practice management, although 14 per cent did not access any support.

MPS medicolegal adviser Dr Richenda Tisdale said: 'It is understandable that patients may be anxious about their health and these emotions can be overwhelming, especially if their expectations cannot be met. However, no doctor should have to be on the receiving end of violent or aggressive behaviour as a result.'

'It is alarming that 34% of GPs who had experienced violence accepted it as part of their job....only 4 per cent of respondents had not experienced a violent patient over the past five years, which is a very worrying statistic.'

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## **1% ANNUAL PAY RISE 'CYNICAL DISREGARD FOR STAFF' SAYS BMA**

Chancellor George Osborne's budget plans to limit doctors' and NHS staff pay to 1% annually for the next four years have been criticised by the BMA.

Council chair Dr Mark Porter said: 'So far the majority of savings have been found through cutting tariffs paid to hospitals and cutting staff pay. The health secretary himself has admitted that continued pay restraint is unsustainable and the Chancellor's cynical disregard for NHS staff is shown by this announcement of a pay freeze for another four years at a time when he knows that inflation will rise above that.'

The BMA said doctors had been a driving force behind protecting patient care in the face of tighter budgets and rising demand.

The continual chipping away at staff pay had left doctors feeling demoralised and devalued, it said.

Dr Porter claimed it was 'simply wrong to expect hard working NHS staff to continue to bear the burden for the government's failure to put NHS finances on a sustainable footing.'

In response to the announcement that university maintenance grants are to be replaced with a new system of loans, he added: 'Increases in tuition fees and the higher cost of living have made medicine a much less attractive option for many students.'

## **LOANS**

'The Chancellor's decision to scrap maintenance grants and replace them with loans, burdening students from low income backgrounds with further debt, may be a further disincentive to pursuing a career in medicine.'

'It is crucial that students who want to study medicine are able to do so irrespective of their background. Just four in 10 of today's doctors attended non-selective state schools, while a third were privately educated. It is only by selecting the best applicants, in the fairest way, that the UK can continue to produce world-class doctors. The Government should be doing more to widen participation in medicine, not putting up further barriers.'

## **HEALTH BUDGET**

On the decision to go ahead with a cut from the public health budget, Dr Porter added: 'It is disappointing that despite concerns raised by doctors, the Chancellor has pushed ahead with cuts to the public health budget of £200 million.'

He said the decision contradicted the Government's claim to support more investment in preventive health and was at odds with the prime minister's specific desire to 'get rid of unnecessary demand for the NHS by investing in public health'.

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## **DOCTORS WELCOME A REVIEW OF 'DISASTROUS' NHS 111**

Primary and secondary care doctors have welcomed the announcement of a new review of NHS 111.

NHS England's move follows huge concerns expressed about NHS 111 even before what the BMA has called its 'disastrous launch' in 2013.

Doctors have continued to have doubts ever since about how the service is being run in some parts of the country.

Dr Charlotte Jones, BMA GP Executive team lead on NHS 111, agreed improvements had been made but she said it was questionable whether NHS 111 had the resources nationally to meet patient demand.

The BMA also has doubts over whether call operators have enough training or sufficient support to be able to deal with patients' health needs.

Said Dr Jones: 'Many GPs and doctors in A&E departments remain sceptical that all the cases being referred to them are appropriate. NHS 111 should be promoting effective, safe care, whether this via a clinician or through self-care, in the right circumstances.'

'We are pleased that NHS England has listened to the BMA and will now be reviewing its procurement process, particularly rethinking the separation of the call handling system from GP out of hours services.'

She said a lot of work still needed to be done, but this was a step in the right direction.

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## **DOCTORS FINED £500K BY CMA**

Formal competition law enforcement action has been taken against medical professionals in the UK for the first time.

A membership organisation of private consultant ophthalmologists has admitted breaching competition law and agreed to pay a fine of £500,000, to be reduced to £425,000 if it continues to co-operate.

Consultant Eye Surgeons Partnership (CESP) Limited, the membership organisation, was formed to represent the interests of 37 limited liability partnerships (LLPs) and their 200 consultant members based across the UK.

It provides its members with a number of services including access to CESP Limited negotiated contracts with private medical insurers. Each LLP has a representative on CESP Limited's Board.

CESP Limited admitted to infringing competition law and the Competition and Markets Authority (CMA) issued a statement of objections to it. CESP Limited accepts liability for a number of infringements during the period September 2008 to present, which include:

- Recommending that its members refuse to accept lower fees offered by an insurer, and that they charge insured patients higher self-pay fees.
- Circulating amongst its members detailed price lists for ophthalmic procedures such as cataract surgery to be used with insurers. These collectively set prices did not pass on lower local costs (such as cheaper hospital fees) and made it harder for insurers and patients to obtain lower prices.
- Facilitating the sharing of consultants' future pricing and business intentions such as whether to sign up to a private hospital group's package price, which enabled members to align their responses.

The fine includes a discount of £75,000 to reflect the resource savings to the CMA generated by the membership organisation's admissions and continual agreement to co-operate.

The CMA said it welcomed CESP Limited's proposals to implement a comprehensive compliance programme, which it saw as a positive step ensuring CESP Limited and its members avoid breaking competition law in the future.

The CMA will now review the detail of the programme and, if considered satisfactory and implemented before the CMA issues its infringement decision, grant a further reduction in its fine. The CMA intends to issue an infringement decision next month.

Ann Pope, CMA senior director of antitrust enforcement, said: 'This membership organisation of private eye surgeons has admitted to anti-competitive conduct including agreeing prices, recommending that members refuse to accept lower fees from an insurer and facilitating the sharing of confidential business intentions, including future pricing intentions, between its members.'

'As a result of this activity, the incentives for its members to compete on price were restricted, making it harder for insurers and patients to obtain lower fees.'

'This is the first time formal competition law enforcement action has been taken against medical professionals in the UK. This case demonstrates the CMA's commitment to taking action in specialised and regulated sectors including the professions and makes it clear that membership organisations and their members are not outside the scope of competition law or its penalties.'

She said the CMA hoped other professional membership organisations would take note of the case and take steps to ensure they operated in a way that did not infringe competition law.

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## NEW FEARS OVER 2015-16 NHS SPENDING

Two-thirds of trusts and 89 per cent of hospital acute trusts forecast a deficit this financial year – up from 25 per cent and 21 per cent respectively on the same quarter last year.

According to the latest quarterly monitoring report from The King's Fund, just over 40 per cent of trust finance directors and around 30 per cent of CCG finance leads are concerned about achieving their productivity targets this year.

More than 60 per cent of NHS trust finance directors think controls on agency spending announced in June will not significantly reduce the amount spent on agency staff.

The regular survey carried out for the report also found that three-quarters of trust finance directors intend to recruit

more permanent nurses in the next six months, suggesting the NHS is continuing to prioritise quality of patient care despite rising financial pressures.

## **FINANCIAL CRUNCH**

Said the King's Fund: 'With the majority of trusts forecasting deficits and no prospect of extra funding, it is clear that the NHS is heading for a financial crunch by the end of the year.'

Key findings from this quarter's survey include:

- A third of trusts plan to reduce the number of permanent staff overall. The survey suggests that cuts to non-clinical workforce is likely to take the strain.
- For the fourth consecutive quarter, staff morale tops the list of concerns raised by trust finance directors.

The King's Fund chief economist John Appleby said: 'Rising costs, cuts in the payments they receive for treating patients and increasing demand makes 2015-16 the most challenging year for NHS providers this century, and the majority expect to be in deficit by the end of the year.'

He believed there were 'considerable opportunities to make productivity improvements' but said limiting staff pay increases and capping agency fees would not be sufficient.

Mr Appleby added: 'The most promising opportunities lie in changing clinical practice to deliver better outcomes at lower cost, something that can only be achieved by engaging NHS staff in a new mission to deliver better value.'

## **PAY RESTRAINT 'NOT ENOUGH'**

Rob Webster, chief executive of the providers and commissioners organisation the NHS Confederation, said: "Short-term initiatives around agency staff and capping pay will make a contribution to NHS finances but will not be the whole answer.

'The NHS will need to explore all aspects of spending to tackle the big challenge of delivering £22 billion of recurrent savings by 2020.

'We are working with national bodies and other NHS partners over the summer to bring our members closer into the discussion and to understand how the NHS might close the finance gap set out in NHS England's Five Year Forward View.'

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## **MOST CONSULTANTS ON 7 DAY CONTRACTS 'BY END OF PARLIAMENT'**

Consultants in current NHS service will not be forced to sign up to new contracts or have to work more hours a week, according to Health Secretary Jeremy Hunt.

But in a much pre-publicised speech at The King's Fund, London, this morning he said the Government would reform the consultant contract to remove the opt-out from weekend working for newly qualified hospital doctors.

Mr Hunt said: 'No doctors currently in service will be forced to move onto the new contracts, although we will end extortionate off-contract payments for those who continue to exercise their weekend opt-out.'

'Every weekend swathes of doctors go in to the hospital to see their patients, driven by professionalism and goodwill, but in many cases with no thanks or recognition. The aim is to acknowledge that professionalism by putting their contributions on a formalised footing through a more patient and professionally orientated contract.

'As a result of these changes by the end of the Parliament, I expect the majority of hospital doctors to be on seven-day contracts.'

According to his figures, 'around 6,000' die annually 'because we do not have a proper seven day service in hospitals.

## **BMA NEEDS TO ‘GET REAL’**

Said Mr Hunt: ‘No one could possibly say that this was a system built around the needs of patients – and yet when I pointed this out to the BMA they told me to ‘get real.’ I simply say to the doctors union that I can give them 6,000 reasons why they, not I, need to ‘get real.’

He claimed the BMA was ‘not remotely in touch with what their members actually believe’, adding ‘I have yet to meet a consultant who would be happy for their own family to be admitted on a weekend or would not prefer to get test results back more quickly for their own patients.’

The Government has given six weeks to work with BMA negotiators before a September decision. But Mr Hunt warned: ‘Be in no doubt: if we can’t negotiate, we are ready to impose a new contract.’

### **DOCTORS: SO HOW WILL YOU PAY FOR IT?**

BMA consultant committee chair Dr Paul Flynn said doctors supported more seven-day hospital services but wanted to know how the Government would fund and staff the plan.

He said: ‘At a time when the NHS is facing a £22bn funding shortfall, many hospitals are in the red and weekday services are under strain, the Government must explain how they plan to expand services by up to 40 per cent across the week.

‘The public do not believe the NHS can afford it right now, and are clear that it should not come at the expense of weekday services.’

He questioned how the Government would put in place the support doctors needed to deliver high standard care over seven days.

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## **GPS FEAR THEY COULD BE NEXT FOR 7 DAY WORKING**

Health Secretary Jeremy Hunt’s call yesterday for consultants to work at weekends has set alarm bells ringing among GPs – they fear they will be next.

RCGP chair Dr Maureen Baker said: ‘Today’s focus might be on hospitals but the Secretary of State’s announcement will sound the alarm bells for hardworking GPs who fear we will be next in line – even though we are already being pushed to our limits in trying to provide a safe five-day service for our patients.

‘There is already a severe shortage of GPs and it’s difficult to see how we can be stretched even further to provide routine seven day opening.’

She said many GP practices were already running extended opening hours but forcing GPs to do this would present a ‘massive risk’ to patient safety by creating exhausted and overworked GPs.

Dr Baker warned: ‘We also fear that it could precipitate a mass exodus from the profession, and it is our patients who will bear the brunt.

‘More than half of all out of hours services in the UK are run by or led by local GPs. We think that the emphasis should be on better resourcing for these services and on making patients and the public aware of the services available so that they can have better access to the skills of a GP 24/7 when they need them.’

She said Mr Hunt had acknowledged that general practice had been historically under-funded. ‘We now need the Government to deliver on its pre-election promise of 5,000 additional GPs in England as a kick-start towards delivering the safe care our patients need and deserve.’

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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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