

**PRACTICE NEWS
AUGUST 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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CONTENTS

[GP INVESTMENT LAGGING BEHIND SECONDARY CARE](#)

[GP SHORTAGES HELP SPARK BIG RISE IN DEMAND FOR ADVANCED NURSE PRACTITIONERS](#)

[GPS GIVEN ADVICE FOLLOWING RISE IN SEXUAL ASSAULT ALLEGATIONS](#)

[CONCERNS OVER GP PAYMENTS NOT TO REFER PATIENTS TO HOSPITAL](#)

[DOCTORS' FEARS OVER MORE NHS STAFF CUTS](#)

[DOCTORS' FINANCES HIT FROM ALL DIRECTIONS](#)

['DELUGE' OF COMPLAINTS ADDING TO DOCTORS' STRESS](#)

[NEW FIGURES HIGHLIGHT GP MANPOWER CRISIS](#)

[DOCTORS' PAY ROW SEES JUNIORS ABANDON CONTRACT TALKS](#)

[DOCTORS ATTACK NEW NOT-SO-NICE THREAT TO GPS](#)

[DOCTORS' BODY PRESSES FOR HEALTH SERVICE DETAIL](#)

[FEARS OF FURTHER PAY CUT FOR DOCTORS](#)

GP INVESTMENT LAGGING BEHIND SECONDARY CARE

Investment into primary care has continued to fall behind that of hospitals, according to a new report.

According to The Primary Care Workforce Commission report *The Future of Primary Care*, services face rising and unprecedented pressures due to heavier workload, an ageing population and failure to invest.

It records only a 14 per cent rise in the number of GPs in the decade 2003-2013 – a period then the number of hospital consultants rose by nearly half.

GPC chair Dr Chaand Nagpaul said the report backed up the BMA's concerns and the recruitment and retention problems facing GPs.

He said: 'We have a real problem in recruiting medical graduates into the profession because of a climate of heavy workload and underfunding, which has stifled general practice in the past few years.

'At the other end of the career spectrum, as many as a third of GPs are considering retirement over the next five years, leaving us facing the prospect of GP services in the near future being unable to deliver effective care to patients.'

The report recommends more GP communication to patients by phone, email, electronic messaging and video-conference calls, and better administrative back-up.

It also advocates more working together between GPs and pharmacies by using federations and networks.

[Top of page](#)

GP SHORTAGES HELP SPARK BIG RISE IN DEMAND FOR ADVANCED NURSE PRACTITIONERS

Demand for Advanced Nurse Practitioners (ANPs) rose 64% between quarter one and quarter two 2015 due to GP shortages and NHS restructuring, according to a new report.

Market analysis from specialist healthcare recruiter MSI Group shows specialist nurses are now a significantly greater role seeing patients in GP practices, 'Our of Hours' services, minor injury units and accident and emergency departments.

The firm says structural changes to the NHS designed to cut hospital admissions and assist discharge into the community – as outlined in the Government's *Five Year Forward View* – mean that responsibilities which were once the preserve of doctors such as diagnosis, prescribing drugs and referring patients are now increasingly being shared with nursing teams.

CEO Nick Simpson said: 'Although the use of nurse practitioners has been steadily rising over the past decade, it is only in recent months that we have experienced a real boom in demand.

'The Royal College of General Practitioners (RCGP) has estimated a fourfold increase in unfilled GP posts since 2010, and Government proposals to create a 'truly seven day NHS' will only exacerbate current shortages.

'Trusts are responding by bringing on board ANPs to manage existing workload, while simultaneously taking precautions against unnecessary hospital admissions further along the line.'

He claimed ANPs typically represented a 30% saving when compared to the use of GPs.

[Top of page](#)

GPS GIVEN ADVICE FOLLOWING RISE IN SEXUAL ASSAULT ALLEGATIONS

A defence body issued doctors with advice and guidance today after expressing alarm at an increase in sexual assault allegations against doctors by patients.

The MDU said allegations of sexual assault against its members had risen by 66% over a recent 11 year period with 12 allegations in 2003 compared to 20 cases in 2013.

In total there were 167 cases of doctors being accused of sexual assault over the 11 year period, with the majority of doctors being cleared after investigation.

The MDU is reminding doctors of the importance of good communication with patients, particularly during examinations the patient may think are intimate, to avoid misunderstandings.

Dr Beverley Ward, MDU medico-legal adviser, said: 'While in the vast majority of cases the doctor is cleared of any wrong doing, the investigations into the incident can be prolonged, damaging for the doctor's career, and distressing for all involved. If the media pick up on the story it can be very upsetting as even if the doctor is later cleared, he may feel his reputation has been tainted.

'Cases usually arise as a result of a misunderstanding, for example a patient may not understand why a symptom in one part of the body may require an examination of another area. It's important for the doctor to explain why an examination is necessary and what it involves.

'Doctors should also be sensitive to what patients may think of as an intimate examination and offer a chaperone if appropriate. It's worth noting that a chaperone was not present for any of the sexual assault allegation cases notified to us in 2013.'

The MDU has issued advice¹ to help doctors avoid misunderstandings when examining patients which includes:

- Follow the GMC's advice to doctors who need to perform intimate examinations and be aware of any local policies such as on offering a chaperone.
- Ensure the patient knows what is involved in the examination when getting their consent.
- Be aware that some patients may consider routine touching or even being close to them (such as performing ophthalmoscopy in a darkened room) as intimate and requiring a chaperone.
- Give patients privacy to dress and undress and avoid any light hearted or personal comments.
- Stop the examination if the patient asks you to, for example if they are experiencing discomfort.
- Keep records of the discussion with the patient, why the examination was clinically indicated, that a chaperone was offered and whether the patient accepted or declined.

¹ Protecting yourself from a sexual assault allegation, 28 July 2015 www.themdu.com/guidance-and-advice

[Top of page](#)

CONCERNS OVER GP PAYMENTS NOT TO REFER PATIENTS TO HOSPITAL

A new scheme to financially reward GPs for not sending patients to hospital will put more pressure on GPs' integrity, according to the Patients Association.

The £3.4m initiative for doctors in Bolton aims to cut unnecessary hospital admissions and create 61,000 more GP appointments a year.

Payments will be made for reducing referrals include orthopaedic conditions, cataracts, dermatology and general surgery.

The Patients Association said despite the potential benefits of this scheme, assurances were needed that it was in the patients' interests to give doctors financial incentives not to refer them.

Chief executive Katherine Murphy said: 'The principle of this scheme is designed to ease the pressure on hospitals,

it is innovative and in principle, it should be welcome.

'However it does put even more pressure on GPs' integrity if they have to decide whether a patient is ill enough to be sent to hospital against the receipt of a bonus payment for not sending them.

'However, every day GPs face difficult decisions and we must have confidence that in this scheme they will continue to put patients' best interests before any personal financial reward.'

[Top of page](#)

DOCTORS' FEARS OVER MORE NHS STAFF CUTS

The BMA has challenged the Government to be honest about its manpower plans for the NHS in the face of a new wave of staff cutbacks.

It voiced concerns after hospitals and health trusts in England were warned by Monitor to revisit financial plans because the existing ones were 'simply unaffordable.

The regulator took issue with plans from 46 foundation trusts and called for the filling of only essential staff vacancies.

BMA council chair Dr Mark Porter said: 'Monitor's warning of the huge financial challenge facing the NHS and their call for another recruitment freeze highlights once more the urgent need for answers. It is simply wrong to expect doctors, nurses and other NHS staff already delivering weekend care to deliver more without the extra resource urgently needed.'

He said if Trusts were to face an even greater squeeze on funding and staff then the only way to increase consultant presence across seven days was to cut the number of senior doctors providing elective care during the week.

'If this is what the Government aims to do as part of making the NHS a 'truly seven-day service' then it should be honest with patients and doctors and say so.'

[Top of page](#)

DOCTORS' FINANCES HIT FROM ALL DIRECTIONS

Doctors are being financially hit from all directions, according to a leading firm of financial advisers to GPs and consultants.

Alan Whiting, Wesleyan Group head of marketing, said doctors had seen a drop in income in real terms as pay rises fell to keep pace with inflation.

And changes to the NHS Pension Scheme meant they were paying more to retire later and on less income.

Pension tax changes were also hitting doctors at the latter stages of their career.

His comments came as new research from Wesleyan revealed an increasing number of those already working in the profession would not recommend their career to family members and friends.

In sharp contrast to findings a year ago, 44% of doctors said they would not recommend their profession, compared with 30% in 2014.

However doctors are still more likely to recommend their career than other professionals.

Wesleyan's research highlights that over half (55%) of teachers would not recommend a career in the classroom while 50% of dentists and 48% of lawyers take the same view of their own profession.

The number of doctors who would not choose the same career if they could start again has also risen to a third (33%) compared with 25% in 2014. Increased workload and stress were cited as the main factors for this.

More than nine out of ten (95%) doctors said increased pressure caused by ongoing changes in the profession was a major cause of concern, with more than half (56%) of those saying they felt permanently under pressure.

When asked what they were most concerned about over the next five years, NHS funding emerged as the biggest worry for more than half (51%).

Changes to the NHS Pension Scheme and the possible privatisation of the NHS were also highlighted as major issues by just under two fifths (39%) while 13% raised concerns over consolidation of services in the NHS.

Three quarters of doctors felt that the increasing cost of education and training, along with changes to pay and conditions, will mean future generations will be put off entering the profession.

[Top of page](#)

‘DELUGE’ OF COMPLAINTS ADDING TO DOCTORS’ STRESS

A defence body has reported a ‘deluge’ of complaints from patients who are now finding it easier to make claims and complaints against healthcare professionals.

The Medical Defence Union (MDU) warned in its annual report that this was putting enormous stress on clinicians.

It revealed that the current adversarial climate led to a record number of members asking for support in 2014.

In addition to clinical negligence claims brought against members during 2014, the MDU helped its medical and dental members with over 14,000 new cases opened for other medico-legal issues.

Cases ranged from supporting members with complaints, disciplinary procedures, GMC and GDC enquiries, coroners’ inquests, criminal investigations and legal and ethical incidents in their clinical practice.

Meanwhile, the MDU and DDU websites had over 2.6 million page views during 2014 from more than 370,000 visitors with ‘complaint’ being the most searched for term in the guidance and advice section – perhaps a reflection of the current climate facing doctors.

Dr Christine Tomkins, MDU chief executive, said, taking the GMC’s fitness to practise findings as a marker, there was no evidence that clinical standards had deteriorated in any way.

‘The truth is there are many and various reasons why patients bring complaints and claims and it has never been easier for them to do so. In this climate of criticism, it should not be overlooked that the overwhelming majority of care delivered in hospitals, GP practices and dental surgeries is excellent.

‘It’s also important to realise that while the number and costs of claims are increasing each year, almost 80% of medical claims notified to us are successfully defended.’

The MDU said another disturbing development in 2014 was the introduction of two Bills (now enacted into law) that risk increasingly criminalising medical practice.

Chairman Dr Peter Williams explained: ‘We anticipate the new criminal offence of ill-treatment or wilful neglect will result in more unnecessary criminal investigations into the conduct of healthcare professionals, although full prosecutions will be rare.

‘Coupled with the introduction of the statutory duty of candour for healthcare organisations, we are seeing an increasing willingness by policymakers to criminalise poor care. This is despite the paucity of evidence of the kind of neglect or lack of candour that the laws are intended to address.

‘Of course bad practice should be eradicated, but criminalising it will, we believe, only serve to erode trust in the health professions.’

[Top of page](#)

NEW FIGURES HIGHLIGHT GP MANPOWER CRISIS

The GPC has warned of even greater shortages of GPs in the years ahead due to the specialty's failure to attract enough new applicants.

GP shortages are already set to intensify because a third of GPs in England say they plan to retire in the next five years. But new recruitment figures have set off alarm bells.

One in five GP trainee posts in England are currently unfilled, according to the GP National Recruitment Office.

- 632 places are currently unfilled.
- There are vacancies in all parts of England, but there are significant regional variations with the North and the Midlands having higher numbers of unfilled posts than the South.
- In the North East almost half of GP trainee posts are vacant, with over one in four empty in the East Midlands and around a third unfilled in Wessex, the West Midlands and the North West².

GPC chair Dr Chaand Nagpaul said: 'These figures lay bare the huge scale of the crisis facing GP services and patient care. More than 600 GP trainee places are unfilled across the country with deeply concerning shortages in the Midlands and the North of England, especially the North East where half of these posts are empty.

'The failure to recruit new GPs is happening at the same time as a third of existing GPs are intending to retire in the next five years. GP practices are rapidly facing a situation where they do not have either new or experienced GPs to deliver enough appointments to patients and maintain high quality services.

'With medical graduates turning their backs on general practice, there is no sign that the Government will be able to fulfil its pledge to recruit 5,000 GPs and open all surgeries seven days a week. Whatever the rhetoric, on the ground these plans are completely undeliverable.'

He urged the Government to address 'the real issues' facing the GP workforce.

'Ministers need to undertake a sustained, long term programme of investment in general practice that gives GP services the ability to cope with rising patient demand and makes it an attractive career option for all medical graduates.

'Most importantly, we need our political leaders to focus on getting current services right, rather than making ludicrous promises that are at total odds with reality.'

England	Places filled	Places available	%
Kent, Surrey and Sussex	248	248	100.0
Thames Valley	115	115	100.0
London	435	443	98.2
South West	249	262	95.0
East of England	292	320	91.3
North West	337	478	70.5
Yorkshire & Humber	228	295	77.3
Wessex	97	140	69.3
West Midlands	233	350	66.6
East Midlands	159	280	56.8
North East	99	193	51.3
Totals	2,492	3,124	79.8

[Top of page](#)

DOCTORS' PAY ROW SEES JUNIORS ABANDON CONTRACT TALKS

Junior doctors' leaders have pulled out of contract talks after claiming the UK Government is trying to force through a new contract which risks the safety of both them and their patients.

They voted not to re-enter contract negotiations with NHS Employers, saying that the Government was insisting the BMA accepted all of the recent recommendations on a new contract made by the Doctors and Dentists Review Body (DDRB) without question by mid-September.

A BMA statement said:

'In order to get the BMA back around the table it is vital that they reverse their position on the DDRB's recommendations that would:

- Extend routine working hours from 60 hours per week to 90. It is unacceptable that working at 9pm on a Saturday is viewed the same as working at 9am on a Tuesday
- Remove vital safeguards which discourage employers from making junior doctors work dangerously long hours, and in doing so protect both patient and doctor safety
- See pay no longer matching with the experience junior doctors' gain through their training.'

Contract talks stalled last year over plans to remove vital safeguards designed to prevent doctors working dangerously long hours and the BMA said 10 months on nothing in the Government's offer had changed.

Junior doctors said they were not prepared to accept changes that would devalue the profession or water down their pay through an expansion of 'plain time'.

Their committee co-chair Dr Kitty Mohan said: "The government has said it wants to negotiate but this 'offer' on the table is an imposition in all but name. It would be letting down our members and the patients for whom they care to simply go along with a government hell-bent on getting something signed, sealed and delivered as quickly as possible.

'This is simply unacceptable. Junior doctors are not prepared to agree contract changes that would risk patient safety and doctors' well-being. This was our position in October and – in the absence of any attempt by the government to address our concerns – remains our position today.'

'HIGHER RATES FOR NIGHT WORK'

Danny Mortimer, chief executive of NHS Employers, said it was 'disappointing to not at least attempt to reach an agreement.

'NHS Employers and the BMA were invited to try to reach an agreement in response to the DDRB recommendations. We understand the BMA concerns about the recommendations and how they might be implemented, but working through these together is the best way to get the most suitable outcome for patients and doctors.

'The proposed revision of the whole pay system, includes higher rates of basic pay, a standard 40 hour week and a lower cap of no more than 72 hours work in any seven consecutive days, higher rates of pay for night work in return for more hours paid at standard rates, and improved pension benefits.'

[Top of page](#)

DOCTORS ATTACK NEW NOT-SO-NICE THREAT TO GPs

Senior doctors have come to the defence of GPs who were told by NICE today that they should be reported to the GMC if they prescribed too many antibiotics.

Dr Pallavi Bradshaw, senior medicolegal adviser at the Medical Protection Society, said: 'GPs work in a challenging environment, with increased workloads, rising patient expectations, and limited resources. NICE calling for the GMC to investigate GPs who prescribe inappropriately is unhelpful and only serves to punish GPs, yet again.

‘GP prescribing is already closely scrutinised by NHS England. If there is a wider issue with inappropriate prescribing, this should be addressed as a cultural issue and GPs should receive the support necessary. Patients must also receive education on the potential benefits of antibiotics and very serious risks of overuse, but GPs cannot do this alone.

‘If GPs decline to prescribe antibiotics they must also be supported – by their colleagues, employer, NHS England and the GMC – in those cases where patients complain as a result. We believe that NICE should focus their attention on empowering doctors and educating patients, rather than punitive action against GPs.’

Dr Tim Ballard, vice chair of the Royal College of GPs, added his concerns, saying: ‘We need a societal change in attitudes towards the use of antibiotics and any suggestion that hard pressed GPs – who are already trying to do their jobs in increasingly difficult circumstances – will be reported to the regulator is counter-productive and unhelpful.

‘If this were to happen, we would be looking to the GMC to support any GP or other health professional who finds themselves on the receiving end of complaints or criticism about decisions made over the prescribing of antibiotics.’

Doctors see the growing resistance to antibiotics as a global threat and say their challenge remains getting this message through to their patients.

Dr Ballard said NICE’s guidance today to prescribe the right antibiotic at the right dose at the right time was ‘a sensible mantra’ and one that GPs tried to abide to wherever possible.

He added: ‘But we can come under enormous pressure from patients to prescribe antibiotics, even when we know they are not the best course of action. People must realise that this is dangerous for each and every one of us, not just ‘other people’.

‘These can be very difficult and stressful conversations for GPs to have and we know that NICE acknowledges this.’

The problem of antibiotic resistance is compounded by the fact that the discovery of new antibiotics is at an all-time low.

Despite considerable guidance that prescribing rates of antibiotics should be reduced, 9 out of 10 GPs say that they feel pressured to prescribe antibiotics, and 97 per cent of patients who ask for antibiotics are prescribed them.

Professor Mark Baker, Director of the Centre for Clinical Practice at NICE, said if doctors regularly over-prescribed medicines despite peer-to-peer support and NICE guidance, then reporting them to the GMC ‘might be a last option’.

He said: ‘I don’t think there is a lot of bad practice in general practice but it is clear that the reduction in antibiotic prescribing that we expected to see when our 2007 guideline on upper respiratory tract infections was published has not happened.

‘The rise in inappropriate prescribing comes in the face of successive attempts by NICE and by government to reduce it that simply haven’t worked. Some of it is about the pressure put on GPs. Despite that pressure, prescribing an antibiotic when you know it’s unlikely to do the patient much good is not good practice.’

[Top of page](#)

DOCTORS’ BODY PRESSES FOR HEALTH SERVICE DETAIL

The BMA has hit out at the Government over its record during its first 100 days in office.

Council chair Dr Mark Porter complained there were serious question marks over how the deficit facing the NHS would be tackled and how the crisis in recruitment and retention across health care staff would be addressed.

He said: ‘We have seen no detail on how the £22 billion black hole in NHS finances in England is going to be closed, no definition about seven-day services, and an apparent intention to water down safeguards for patients and doctors.

'Taken with instructions for a recruitment freeze and hospital trusts currently facing deficits of £822m, this adds up to a poor performance on the health service by the new Government.'

He claimed the Government had focused instead on attacking doctors' professionalism and announcing a four-year pay freeze, 'thereby demoralising the very staff on whom patients rely.'

Dr Porter said the public had been treated to a slew of unrealistic headline-grabbing promises of thousands more GPs, but no detail.

'It is also disappointing that the Government continues to claim that it has 'protected the NHS' while forcing through economic policies that do it more harm. The Chancellor's decision to cut £200m from the public health budget will leave public health medicine staff having to find deeper cuts and will put back efforts to protect and improve the nation's health and wellbeing.'

Ending maintenance grants for students considering medicine on longer university courses was another decision that could have untold consequences on the NHS, he warned.

[Top of page](#)

FEARS OF FURTHER PAY CUT FOR DOCTORS

Not everybody in the NHS will even get the 1 per cent capped rise for public sector pay, review bodies have been told.

Greg Hands, Chief Secretary to the Treasury, admitted in a letter to them that the 1 per cent may not be awarded to all staff.

He wrote:

'As you will have seen, the Government announced at Budget it will fund public sector workforces for a pay award of 1 per cent a year for four years from 2016-17. The Government expects pay awards to be applied in a targeted manner to support the delivery of public services, and to address recruitment and retention pressures.'

'This may mean that some workers could receive more than 1 per cent while others could receive less; there should not be an expectation that every worker will receive a 1 per cent award. The relevant department will submit in their evidence to your proposals covering the needs of their different workforces.'

BMA council chair Dr Mark Porter accused the Government of shifting the pay goalposts.

He warned: 'For many doctors this may mean another cut in pay, which is lower in real terms than it was a decade ago. This constant chipping away at pay at a time when frontline NHS staff are working harder than ever to keep up with rising demand on the health service leaves staff feeling devalued and demoralised.'

'This disgraceful act of bad faith totally undermines what are supposed to be independent pay review processes, but which the government simply chooses to ignore when it suits them.'

Mr Hands' letter also pointed out that the Budget had set out that the Government would continue to examine pay reforms, and modernise the terms and conditions of public sector workers.

He said: 'This will include a renewed focus on progression pay, and considering legislation where necessary to achieve the Government's objectives'.

Mr Hands said he looked forward to the pay review bodies playing an important role in advising the Government on how best to achieve pay reforms.

[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

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