

PRACTICE NEWS  
NOVEMBER 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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### **PHARMACY INSPECTIONS 'IMPROVE SAFETY' BUT RATINGS CRITICISED**

A major new study commissioned by the General Pharmaceutical Council (GPhC) has found there is consensus among pharmacy professionals that inspections of pharmacies in Great Britain are helping to improve patient safety and the services on offer.

More than 3,700 people working in or responsible for community pharmacies responded to an online census conducted by ICF International on behalf of the GPhC. In-depth interviews were also conducted with stakeholders, community pharmacy professionals, inspectors and trade associations.

The study concludes that the GPhC's approach to regulating registered pharmacies, introduced in November 2013, is perceived to be working well.

The standards for registered pharmacies are generally well-understood; the majority of community pharmacy professionals (86%) reported that they are aware of the standards. And 98% of pharmacy professionals who have experienced an inspection pointed to the importance of the GPhC inspector's feedback during the inspection process in helping them to meet and improve on standards.

There was also widespread agreement that inspection reports help pharmacies to improve their services to patients and the public; 92% of those who had been inspected agreed that inspection reports are valuable to implement improvements in quality and performance, and 87% agreed that reports help them focus their efforts on the areas of most relevance to patient safety.

Developing action plans when one or more standards were not met was also felt to help pharmacy professionals to focus on the issues of most importance to patients: 95% of those who developed action plans found it helpful to reflect on the inspector's findings and 96% reported that it helped them define their priorities for improvement.

The study also highlighted some feedback for the GPhC to consider as it continues to develop and refine its approach. Concerns were expressed by some respondents about the current ratings model, with some suggesting there was a lack of clarity and differentiation between ratings. And there was a suggestion that the time in which pharmacies have to make improvements identified through action plans should be extended.

GPhC chief executive Duncan Rudkin said: 'We are committed to using evidence to inform our decision making and this study gives us important insights into how our inspection model is working. It is very encouraging that the majority of pharmacy professionals agree that inspections are helping to deliver real improvements in patient safety and the care people receive from pharmacies.'

'The study also highlights some useful feedback on key issues which we can use as we work to improve and refine our approach. We look forward to continuing to work closely with pharmacy stakeholders, patients and the general public as we further develop the way in which we regulate registered pharmacies.'

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### **JUNIOR DOCTORS' PAY PROMISE BREAKTHROUGH**

Junior doctors have reacted positively to a promise from Secretary of State for Health Jeremy Hunt that none of them would take home less pay under their new contract than they do now.

The pledge was made in the House of Commons and in a letter from Mr Hunt to Dr Johann Malawana, the BMA junior doctor's committee chair.

In response, Dr Malawana said: 'It is encouraging that the health secretary has finally made a significant shift and recognised some of the concerns raised by junior doctors. However, it has taken the threat of industrial action and the sight of thousands of junior doctors taking to the streets to reach this point.'

'The BMA has been quite clear that the Government must withdraw the threat of imposition of new contracts on junior doctors, the extensive preconditions to negotiations the Department of Health keep insisting on and provide junior doctors with the assurances they are demanding before re-entering negotiations.'

He said the letter could be a step in the right direction and junior doctors' leaders would look forward to seeing more of the detail that Mr Hunt had committed to providing in the coming few days.

Dr Malawana added: 'After repeated attempts to conflate junior doctors' legitimate concerns and the Government's rhetoric on seven-day services, it is positive that the health secretary has finally acknowledged what people across the country already know: that junior doctors already work 24 hours a day, 7 days a week up and down this country.'

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## RE-ARRANGING APPOINTMENTS TAKES UP 4.5% OF ALL CONSULTATIONS

Government plans announced today to improve patient power in the NHS in England are a step in the right direction, according to GPC chair Dr Chaand Nagpaul.

But he said it was a 'scandal' that an estimated 4.5 per cent of all GP consultations each year were spent rearranging hospital appointments.

Said Dr Nagpaul: 'This announcement is a step in the right direction, but we do need to make sure that the Government also addresses the wider pressures on GP services. Much, if not all, of the £10 billion in today's announcement is urgently needed to ensure the maintenance of currently overstretched NHS services, not fund new initiatives, and many GP practices will continue to struggle without additional support.'

He added that GPs did not believe that simplistic Ofsted style ratings would lead to any improvement in patient care or give an accurate picture of services in local areas.

'The Secretary of State needs to also listen to the report from the Health Foundation, which he himself commissioned, which advised strongly against composite indicators which mask the details of quality of care, and which he is proposing now to introduce.'

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## NHS EMPLOYERS URGE DOCTORS TO START TALKING

Junior doctors' leaders are being urged by NHS Employers to start talking about their new contract following pay assurances given to them yesterday by Health Secretary Jeremy Hunt.

Danny Mortimer, NHS Employers' chief executive, said he welcomed Mr Hunt's commitment that no junior doctor would see their pay cut compared to their current contract.

He claimed 'real action' was being taken to address doctors' concerns about a loss of money. 'I again ask the BMA to re-enter talks with us, and would urge them to suspend their ballot for industrial action.'

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## NEW TWIST ON JUNIOR DOCTORS PAY ROW

The junior doctors' contract/pay debacle has taken a new twist with the BMA claiming Health Secretary Jeremy Hunt's latest comments mean the Government cannot be trusted.

Dr Johann Malawana, BMA junior doctor committee chair, said Mr Hunt's comments earlier today on junior doctor pay admitted that junior doctors working the longest hours would see their pay fall, after all.

This was despite claiming yesterday that no doctor would see their pay cut.

The juniors' leader said: 'Just hours after promising that no junior doctor would have a pay cut, Jeremy Hunt has now admitted that those working the longest hours would in fact see their pay fall.'

'Jeremy Hunt has repeatedly shifted his position and this is another example of the Health Secretary claiming one thing, but the reality being quite different. It makes it impossible for junior doctors to trust the government when they have been caught out trying to gloss over the facts.'

In a letter to the BMA yesterday (Wednesday, 28 October) Mr Hunt said: 'Today in the House of Commons I am giving a firm guarantee on behalf of the Government that no junior doctor will see their pay cut compared to their current contract.'

But, said the doctors' body, despite this assurance, in an interview this morning with BBC Breakfast, the Health Secretary admitted that a 'small minority' who worked over 56 hours would see their pay reduced.

Presenter – Sorry to push you on this one, it has become an issue now, this issue to do with the legal number of hours. You know doctors work over those hours, if they are working 60 -70 hours in a week, you are not guaranteeing wages will not drop?

JH – That's not right. At the moment, the legal maximum hours a doctor can work in any one week is 91 hours, and we are bringing that down, proposing in this new contract to bring it down to 72 hours. We want to stop anyone working more than those 72 hours because it is not safe.

Presenter – Between that 56 which you mentioned earlier on and the other figure you have mentioned now, there is quite a discrepancy. That is where the issue is going to lie.

JH -...There is a very small minority of doctors who will be working more than an average of 56 hours, and at the moment they get paid what is locally called in the NHS danger money, we think that's wrong.

The BMA accused the Health Secretary of repeatedly changing his position on junior doctor pay.

'In an interview with the Independent newspaper earlier this month he said: 'It is not my intention to cut anyone's pay'. In a subsequent letter to the BMA he said that 'average pay for junior doctors will not reduce.' In yesterday's letter to the BMA he said 'no junior doctor will see their pay cut compared to their current contract' but admitted this morning that a 'small minority' would see their pay reduced.

The BMA has called on the Health Secretary to remove the threat of imposition, provide the assurances junior doctors have requested and to provide the detail of how his proposals on pay will work in reality.

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## GPS' EXTENDED HOURS NOT UTILISED AT WEEKENDS

An independent evaluation of the Prime Minister's Challenge Fund pilot today reports a poor response from patients to Sunday appointments.

It says: 'Whereas weekday slots have been well-utilised, patient demand for routine appointments on Sundays has been very low.

'Based on the evidence on current provision and utilisation of extended hours it is suggested that 41-51 total extended hours per week are required per 100,000 registered population in order to meet the levels of demand experienced in these pilots<sup>14</sup>; of these 30-37 hours should be GP hours.

'Given reported low utilisation on Sundays in most locations, additional hours are most likely to be well utilised if provided during the week or on Saturdays (particularly Saturday mornings).

‘Furthermore, where pilots do choose to make some appointment hours available at the weekend, evidence to date suggests that these might best be reserved for urgent care rather than pre-bookable slots.’

## HIGH COSTS

According to GPC chair Dr Chaand Nagpaul the poor demand from patients for appointments on Sundays, and in many cases on Saturday afternoons, has resulted in precious NHS resources being wasted on keeping near empty practices open and staffed.

He said: ‘The cost of providing care during these hours was significantly higher than routine GP practice appointments during the week. While some areas showed a slight decrease in minor illness attendances at A&E, there was no reduction in hospital admissions, and any cost saving would need to be balanced by the considerable expense of running these pilots.’

‘At a time of extreme pressures on GP services, with many practices struggling to cope with patient demand and falling resources, the government needs to learn the lessons from its own pilots. A number of those areas taking part decided to stop providing weekend sessions owing to lack of demand.’

‘Two thirds of the funding for this project was actually spent on worthwhile schemes of benefit to all patients across the week, such as improving digital infrastructure and measures that enhance collaborative working between GP practices.’

See the evaluation of the Challenge Fund pilot [here](#).

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## GPS FACING HUGE HIKE IN CQC INSPECTION FEES

Doctors’ practices are facing huge increases in the cost of CQC inspection fees.

It is feared some could see seven-fold rises over the next three years with a one location practice with 10,000 patients paying nearly £5,000 instead of the current £725.

Anger at the proposals is currently flooding social media sites with many suggesting the best solution to the watchdog’s financial problems is to scrap it.

The CQC claims it has to change the fees it charges to meet a Government requirement to recover its ‘chargeable costs’ in full from the fees that providers have to pay.

Chief executive David Behan said: ‘Our commitment is to make sure that people receive safe, effective, compassionate and high-quality care and we can see that our new inspection model is allowing us to support providers to do exactly that. The fees providers pay enables this important work to happen.’

‘We are required to move to full cost recovery and are consulting on how we do this. We recognise the financial pressures faced by many providers, and do not underestimate the impact of any changes to their fees. We developed our proposals with an expert panel; including representatives from the providers we regulate.’

A consultation on the fee proposals runs until 15 January 2016.

The CQC will then review all responses and make recommendations to the Secretary of State. It said it expects to publish the final fees scheme in March 2016, for implementation on 1 April 2016.

In an early response to the fees hike, which will also affect hospital trusts, Rob Webster, chief executive of the NHS Confederation, said: ‘Increasing fees by at least a further 40 per cent next year will add a considerable burden on trusts. It comes as providers forecast a deficit of around £2 billion this year and face £1 billion of increased pension payments from 2016-17. The goodwill of providers towards CQC and its new approach to inspections could be jeopardised by this fee increase.’

‘Further change is needed if CQC inspections and regulation are to be sustainable. Progress in regulation has to

mean greater alignment and an elimination of duplication between the national arms-length bodies. Our members cannot afford the time or the disruption of multiple interventions by multiple organisations.

‘The CQC must also look beyond individual organisations to local healthcare systems and NHS Confederation members want a much stronger voice in how the CQC further develops its regime – particularly given they will be contributing so much of its funding. Providers will also be looking to CQC to demonstrate that it is delivering value for money, especially as it will soon start to assess their use of resources.’

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## **CQC FEES HIKE COULD BE ‘FINAL STRAW’ FOR SOME GPs**

CQC proposals to increase inspection fees by up to seven times amount to ‘the final straw’ for many GPs, according to GPC chair Dr Chaand Nagpaul.

He said that with practices already having to cope with swingeing cuts to their core budgets, and the escalating costs of keeping a practice open, the plans could hit patient care by further shrinking practice resources for frontline services.

The doctors’ leaders said: ‘GPs will be staggered at the consultation proposals from the CQC for an unprecedented increase in practice fees at time when many are struggling financially.’

‘These changes, if adopted, will see fees for GP practices increase seven fold and will lead to practices collectively paying £40m a year for CQC’s activity. It is an inexplicable move given the CQC is itself reviewing its inspection programme with a stated aim of introducing a scaled down process with fewer inspections.’

Dr Nagpaul said the BMA had already called for end to the disproportionate, bureaucratic nature of CQC inspections, which currently had a focus on ‘pointless box ticking’ that takes GPs and staff away from caring for patients.

‘Requiring GPs to pay more for an imposed system they do not have confidence in adds insult to injury and will do nothing to repair the poor standing of the CQC with the GP profession at large.’

‘This significant financial burden could be the final straw for many GPs and practices with many already having to cope with swingeing cuts to their core budgets and escalating costs of keeping a practice open. These proposals could have a damaging effect on patient care by further shrinking practice resources for frontline services.’

He said the GPC understood that the Government had indicated resourcing GP practices for this expense but this provided no assurance that the costs would be fully met, nor that it will be recurrently available.

‘The BMA’s GP committee has been consistently raising concerns about this process in our discussions with the CQC and during the consultation we will robustly challenge these wholly unjustified and damaging proposals.’

\* CQC statement and its proposals for GP practice fees here.

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## **JUNIOR DOCTORS STUDYING NEW PAY OFFER**

Junior doctors’ representatives are studying a new pay offer today after claiming they were left in the dark about reports of the Health Secretary Jeremy Hunt’s 11th hour bid to find a peaceful solution.

Danny Mortimer, chief executive at NHS Employers, said the body had written to junior doctors’ leader Dr Johann Malawana setting out a firm offer for a new junior doctors contract in England.

‘We have worked with the Department of Health to develop an offer that is fair and safe for patients and doctors. We want to work with the BMA now to agree the final details of the contract by the New Year.’, he said.

This followed comments late last night when Dr Malawana said: ‘Junior doctors need facts, not piecemeal

announcements and we need to see the full detail of this latest, eleventh hour offer to understand what, in reality, it will mean for junior doctors.

‘We have repeatedly asked for such detail in writing from the Secretary of State, but find, instead, that this has been released to media without sharing it with junior doctors’ representatives.

‘What we do know, however, is that Jeremy Hunt has repeatedly changed his position on pay and just last week was caught out trying to gloss over the truth when he said that no doctor would have their pay cut, only hours later to admit that those working the longest hours would in fact see a reduction in pay.’

He said the BMA and junior doctors had been clear that they wanted to reach a negotiated agreement with the Government on a contract that is good for patients, junior doctors and the NHS. ‘In order to do this we have said, repeatedly, that the government must remove the threat of imposition and provide the concrete assurances junior doctors have asked for on a contract that is safe and fair.

‘We are clear that without the assurances we require, the BMA will be left with little option but to continue with our plans to ballot members.’

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## GP PREMISES INVESTMENT SURVEY

A new survey of GP practices launched today aims to find out if the Government is keeping to its commitment to invest in upgrading GP facilities as part of the Primary Care Infrastructure Fund.

Dr Brian Balmer, BMA GP executive lead on GP premises, said the GPC was launching the survey to get to the bottom of whether GP practices were seeing any benefits from the Government’s Primary Care Investment Fund.

He said this was a much publicised scheme which was supposed to address decades of under investment in GP facilities.

A major BMA survey recently found that four out of ten practices were struggling to provide even basic care because of inadequate buildings while seven out of ten felt they had no scope to expand their services.

But Dr Balmer added: ‘Unfortunately, we have seen limited progress since the blaze of launch publicity. We are concerned that there will be a significant underspend in this programme and that actual spending on premises will be very disappointing.

‘Last week we saw an unacceptable alteration in the funding criteria governing this programme which could result in its resources being raided to pay for other NHS England projects. This is both disingenuous and unacceptable behaviour.’

He urged all GP practices to fill in the survey so doctors’ leaders can establish a true picture of the state of GP premises ‘and give voice to the concerns of thousands of GPs about this faltering programme.’

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## GPS WARNED OVER TEXTING

GP practices planning to save money and be more efficient by texting patients have been warned to beware they do not fall foul of confidentiality regulations.

A defence body says although the use of texts or other electronic messages rather than hard copy letters or phone calls can save time and expense, there are risks.

MDDUS said as the flu season approaches, it has received a higher volume of advice calls from practices who would like to use text messaging to either invite selected patient groups to make a vaccination appointment, or to remind those who have already booked.

It warned: 'The appeal of electronic messaging is clear – it has been shown to reduce the numbers of Did Not Attend (DNA) appointments, and can offer financial savings for practices in terms of postage/call costs.'

'But there are real risks associated with confidentiality and data protection and, in some systems, potential clinical risks.'

'Practices should always obtain explicit consent from patients before including them in electronic messaging services. An 'opt-out' approach risks an unexpected message on a patient's mobile or landline being seen by a third party, potentially leading to a complaint.'

'The system should only generate a message once patient consent is recorded, and it should be made clear that patients can opt out at any time. In more sensitive situations, such as test results, it is useful to remind the patient at the time of their appointment that they have agreed to receive notification by text.'

Practices should also ensure patients can opt out easily if they change their mind, the Union added.

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## DOCTORS COULD START INDUSTRIAL ACTION ON 1 DECEMBER

The BMA has today confirmed the dates and details of possible industrial action by junior doctors, following a decision by the Association's ruling council.

Proposed dates and type of action discussed and approved today by the body's council are:

- Emergency care only – 8am, Tuesday 1 December to 8am Wednesday 2 December 2015
- Full walk out – 8am to 5pm, Tuesday 8 December 2015
- Full walk out – 8am to 5pm, Wednesday 16 December 2015

Junior doctors in England are currently being balloted for industrial action after the Government's threat to impose a new junior doctor contract in England from August next year. The ballot closes next Wednesday, 18 November.

The dates were released as health service commentator Roy Lilley urged both sides to get back around the negotiating table.

He said in his daily blog: 'The really stupid idea was to pretend to give the docs an 11% pay rise. It turned out he (Jeremy Hunt) was recycling the money they were already earning. The BMA are no better. Since the inception of the NHS, in 1948, their default position has been 'no' to everything. I can't think of one advance, one change or reorganisation they have welcomed or facilitated. Anything to do with the BMA is an uphill struggle. Mostly they make a mess of everything; the Lansley reforms being the zenith of their achievements.'

'What happens next? A strike? Stupid move methinks. There will be a death, or accident or catastrophe. The narrative will shift to ugly. What exactly are the issues? If the objective is to deliver a real seven day NHS then why are we arguing about working a five day week in a six day window? Why not make it any five days in seven and adjust the pay accordingly? What is the real agenda?'

He added that enterprising Trusts could use their freedoms and offer local pay and conditions. 'If enough Trusts did that there would be no raison-d'etre for the BMA.'

Dr Mark Porter, BMA council chair, said: 'Industrial action is the last resort for a reason: it comes only when every other avenue has been exhausted. The BMA has been explicit in what it needs to change in junior doctor contract proposals. The Government's refusal to work with us through genuine negotiations, and its continued threat to impose an unsafe and unfair contract leaves us with no alternative.'

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## GPS TO GET IN-HOUSE PHARMACIST HELP

A scheme to fund, recruit and employ pharmacists in GP practices is to be expanded.

NHS England has more than doubled funding from £15m to £31m for its clinical pharmacists in general practice pilot, due to an overwhelmingly positive response from GP surgeries.

NHS England, Health Education England, the Royal College of General Practitioners and the BMA are today announcing the 73 applications that will receive a share of the funding, which will cover 698 GP practices and include 403 clinical pharmacists.

Recruitment of pharmacists for the three year initiative, which was announced in July, will begin immediately, giving patients the additional support of a pharmacist in their GP surgery from Spring 2016.

Examples of the benefits patients can expect include extra help to manage long-term conditions, specific advice for those with multiple medications and more access to clinical advice on treatments.

Regional assessment panels examined applications against national criteria including the potential for the pilot to improve access to general practice for patients, reduce workload for GPs and to support clinical pharmacists within a multidisciplinary team.

Additional funding was found to more than double the number of supported applications after the panels were impressed by the outstanding quality of responses.

The pilots will be evaluated and will build on the experiences of general practices that already have clinical pharmacists as part of their team, in some cases as partners. The work is part of the GP Workforce 10 Point Plan, which aims to strengthen and support the GP workforce.

Simon Stevens, NHS England chief executive said: 'Joint working between pharmacists and GPs has the potential to have major benefits for both patients and clinical professionals. This pilot will be a win-win for GPs, pharmacists and patients.'

'By testing these new ways of working across professional boundaries we are taking another step forward to relieving some of the pressure that GPs are clearly under and ensuring patients see the health professional that best suits their needs.'

RCGP chair Dr Maureen Baker said: 'The opportunity for more pharmacists to work in GP surgeries as part of the practice team is great news for GPs and our patients. It's wonderful that what started out as a joint statement between our College and colleagues at the Royal Pharmaceutical Society just eight months ago, is now becoming a reality and we can start to reap the benefits.'

'We have a severe shortage of GPs across the UK, and having highly trained pharmacists working with us to take on tasks such as medication management, will help alleviate the intense pressures we are under, and improve patient safety.'

'The feedback that we have received from our members who already have a practice based pharmacist is that they play an invaluable role, so we are pleased that NHS England has taken the idea so seriously and so swiftly brought it to fruition.'

The GPC said the pilot scheme was a positive and important opportunity to develop the role of pharmacists working in practices to relieve some of the pressures faced by GPs.

It hopes the benefits from the pilots will be extended to all practices.

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## **‘A THIRD OF UK GPs NOW WITH MDDUS’**

A third of GPs in the UK are now buying their defence from the MDDUS, the organisation said today.

It reported a 9.4 per cent increase in total membership in 2014 with around 35,000 members including 25 per cent of GPs in England and 34 per cent UK wide at the end of September.

GP membership rose by 11 per cent overall in 2014 and by 16 per cent outside of Scotland, with an increase among hospital doctors of 7 per cent, it said.

The Union’s medical advisory team saw an increase of 13 per cent in telephone calls for advice in 2014, with 87 per cent answered at first contact by a trained adviser able to deal with the enquiry.

Its expert employment law service registered a 13 per cent rise in the number of calls received.

MDDUS chief executive Chris Kenny said: ‘We give a categorical assurance that the underwriting and pricing decisions of MDDUS are not driven by the number of contacts with the organisation. We would never penalise members for using this valuable benefit of membership.’

He claimed the growth was evidence of clinicians’ confidence in the indemnity model as the best way to protect patients and the profession.

‘Our occurrence-based indemnity has no time limit or cost cap on liability. This means that we help members for any claim that arises, even if they have moved abroad, ceased clinical work, retired or are deceased when the claim or complaint arises.

‘Insurance products rarely do that. They usually only guarantee protection to doctors insured both when the incident occurred and when the claim is made. The crucial importance of this lies in the fact that claims can be made several months or even years after the events that give rise to the claim.’

### **CLAIMS AGAINST GPs UP 22 PER CENT**

Meanwhile, figures from the MDDUS annual report reveal a 22 per cent rise in claims against GPs in 2014 compared to the previous year.

Over 75 per cent of the claims settled that year were successfully concluded without any payment as a three year average to 2014.

Mr Kenny urged the Government to act quickly and decisively to cap legal costs in clinical negligence cases. He said: ‘It is in everyone’s interest to ensure that patients rather than the legal services industry benefit from properly advanced claims and rapid settlements.

‘Tendentious litigation which falls at the first hurdle and poor management in other cases undermine patient confidence and hit our members’ pockets. We will press aggressively for any reimbursement of our costs whenever possible to deter such practice.’

MDDUS also saw a 7 per cent rise in the number of members subject to investigation by the GMC in 2014. But it said it was seeing a greater proportion of those investigations concluded without referral to a fitness to practise hearing.

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## **GMC FEARS OVER EURO DOCTORS’ SKILLS IN UK**

The GMC is today calling on the European Commission and UK Government to act over patient safety concerns arising from a proposed new ‘passport to practise’ for doctors.

Under European law the Council is not allowed to check the skills or competence of doctors coming to the UK from the rest of Europe.

That has long been a matter of serious concern, but from January 2016 a new 'European professional card' will be introduced for many health professionals.

The GMC said this meant the UK would be reliant on regulators in other European countries to make sure those coming to work here have the correct documents and qualifications.

The card will apply initially to nurses, pharmacists, and physiotherapists but it is expected to be applied to doctors from 2018.

Among other things the GMC is concerned that it will lose all direct contact with the doctor and will have to rely on the doctors' home state regulator to verify documents.

It is calling for a full investigation of the impact of the card system before it is extended to doctors.

GMC chief executive Niall Dickson said: 'The UK has long relied on professionals from all over the world to run the NHS and we continue to depend on their skill and dedication. But there are major weaknesses in the regulatory system and it must be right that every country in the EU should be able to check that doctors coming to work within their borders have the competency, skills and cultural understanding to treat its patients safely.

'We believe that the introduction of the European professional card for doctors would further jeopardise our ability to protect patients in the UK.'

Around 10% (24,000) of doctors currently working in the UK qualified in other European states.

The GMC said without proper checks, patients are at risk. Last year it secured reforms to UK law which allowed it to check that doctors from the rest of Europe have the necessary English language skills to practise safely.

Since then over 900 doctors from Europe have been denied a licence to practise because they have not provided evidence that they have the necessary knowledge of English to practise safely in the UK.

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## USING TECHNOLOGY COULD SAVE NHS BILLIONS

Better use of medical technology is the key to cutting the cost of emergency hospital admissions 'by up to £1 billion' a year, according to a report.

According to the Medical Technology Group – a coalition of patient groups, research charities and medical device manufacturers – the money could be saved by using existing devices for patients with heart problems, diabetes and urinary tract infections.

Group chair Barbara Harpham said: 'There is clear and compelling evidence from within the NHS itself as well as from other developed health economies to show that technology can improve our ability to predict, diagnose and treat diseases – including long-term conditions – and so dramatically reduce unplanned admissions for patients lucky enough to have access to it. And for the NHS, better managed demand means radical savings on Accident & Emergency spend.'

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## GPC CALLS SPECIAL CONFERENCE ON FUTURE FOR GPs

The GPC has called a special conference of its policy-making body for early next year to discuss the future of the profession.

It said it was responding to calls for action from LMCs including all those in Londonwide LMCs and across the profession.

Following concerns about lack of resources and morale, GPC members unanimously agreed to call a Special

Conference of LMCs to decide what actions to take to protect the future of the profession.

Their motion said: 'That, in the light of concerns about the crisis in general practice expressed by Local Medical Committees responding to their members' concerns, the GPC is calling a Special Conference of Representatives of LMCs in the new year to decide what actions are needed to ensure GPs can deliver a safe and sustainable service.'

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## GPS BACK JUNIORS' STRIKE

GPs' leaders are giving strong backing to junior doctors' plans for a strike.

The GPC has applauded 'the overwhelming mandate they have given their leaders to fight for a safe and fair contract, to maintain the future workforce and keep patients safe.'

Yesterday's juniors' ballot was overwhelmingly in favour of taking industrial action after the Government's threat to impose a new junior doctor contract in England from next August.

Over 99 per cent% of juniors in England who voted were in favour of industrial action short of a strike, and 98 per cent for full strike action.

NHS Employers has now urged the BMA Junior Doctors' Committee not to formally decide to strike.

Chief executive Danny Mortimer said: 'NHS organisations are now working hard to keep disruption to a minimum but it is inevitable that appointments will be postponed, surgery rearranged and clinics closed.'

'By taking the unprecedented step of not providing emergency cover for two of their days of action, the BMA are putting the NHS and their colleagues under even greater strain during one of its busiest periods impacting even further on our ability to provide safe and effective care for our patients.'

'Even at this late stage, we call for the BMA to return to talks. The new contract offers increases in basic pay, concrete safeguards on working hours and pay protection to ensure that doctors won't lose out. I think the public will question why the BMA are causing such significant disruption when the offer of talks remains open.'

Dr Mark Porter, BMA council chair, said: 'We regret the inevitable disruption that this will cause but it is the Government's adamant insistence on imposing a contract that is unsafe for patients in the future, and unfair for doctors now and in the future, that has brought us to this point.'

'Patients are doctors' first priority, which is why, even with such a resounding mandate, we are keen to avert the need for industrial action, which is why we have approached ACAS to offer conciliatory talks with the Health Secretary and NHS Employers to clarify the conflicting information coming from Government over the past weeks.'

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## JUNIOR DOCTORS INDUSTRIAL ACTION: TALKS BACK ON

Health Secretary Jeremy Hunt has accepted doctors' wishes to engage in conciliatory talks through ACAS.

BMA council chairman Dr Mark Porter called the move today 'encouraging' and a 'significant shift.'

He said it showed Mr Hunt had finally recognised that trust has broken down between junior doctors and the Government.

Dr Porter added: 'We hope to start these talks as soon as possible in order to reach a collaborative agreement for the benefit of patients and the NHS.'

Importantly, Jeremy Hunt must finally remove his threat of imposition in order to defer Tuesday's industrial action.'

Danny Mortimer, chief executive at NHS Employers said: 'Employers across the NHS will welcome a return to

discussions with the BMA, working with ACAS conciliation services. I remain hopeful that through our joint endeavours we can end this dispute, and modernise the contracts for doctors whilst also addressing their concerns.'

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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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