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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RCGP ANGER AT ‘£350M A WEEK’ FOR NHS PLEDGE

RCGP chair Dr Maureen Baker has called for Brexit politicians who erroneously stated that £350m a week could go to the NHS, instead of the EU, to be taken to account. She said: ‘Many of those who did vote to leave will have been influenced by a campaign that played up the amount of money that the UK pays to be a member state of the EU, and suggested that this money could be spent on the NHS instead. ‘With the NHS – and general practice at its heart – held in such high regard amongst the public, and at a time when patients are struggling to make a GP appointment due to soaring demand, insufficient resources and a stagnating GP workforce, it is possible that these messages could have had a significant impact on the result. ‘The priority for the College is to make sure that general practice, which makes 90% of all NHS patient contacts, receives its fair share of any new money made available for the health service.’

Dr Baker said although in England, the GP Forward View was a lifeline for the profession and the College would work to ensure that pledges to increase investment in general practice, and build the workforce, were implemented as a matter of urgency – regardless of any implications that might arise following the decision to leave the EU. She added: “In Scotland, Wales and Northern Ireland the College will continue to pursue the goals of our Put patients first: Back general practice, calling for more investment in general practice, and for more GPs and practice staff, as a matter of urgency. ‘Only with a strong general practice service will the NHS be able to deliver the care our patients need and deserve – regardless of whether the UK is a member of the EU, or not.’

FREE OFFER FOR GP RETURNERS

GP returners who go through the Induction and Refresher schemes in England, Wales and Northern Ireland or the GP Returners scheme in Scotland are being offered a free one year RCGP membership.

It said the free membership will be offered to two groups: • Group 1: GPs who have qualified in the UK via the MRCGP exam route or have ever been a member of the RCGP via another route (such as Membership by Assessment of Performance), and are returning to work in the UK after either working abroad or a career break of two years or more. • Group 2: GPs who qualified in the UK but did not take the MRCGP exam and have never been members of the RCGP, as well as EU doctors, or those who hold Certificate of Eligibility for GP Registration (CEGPR). The first group will be receive one year’s full membership for free, while group two will receive one year’s associate membership for free.

Details of both membership types can be found on the RCGP website. College chair Dr Maureen Baker said: ‘It makes absolutely no sense to put barriers in the way of trained GPs who want to work, delivering frontline patient care in our NHS, whilst we have an intense shortage of family doctors. ‘As part of our work with NHS England, Health Education England and the BMA to ‘recruit retain and return’ the thousands more GPs needed to deliver the safe care our patients deserve, the I&R scheme has been streamlined and the bureaucracy and red tape involved has been significantly reduced. We have been carrying out similar work in Wales, Scotland and Northern Ireland.’

ANOTHER SHOCK REFERENDUM AS JUNIORS REJECT NEW CONTRACT

Junior doctors and medical students across England have voted to reject the Government’s proposed new contract1.

The details of the proposed new terms and conditions for junior doctors were outlined following ACAS talks between the BMA and the Government in May.
Junior doctors in England who are members of the BMA, and final and penultimate year medical students in England who are members of the BMA, then voted in a referendum on whether or not to accept the contract.

This followed a series of more than 130 roadshows that took place across England, where doctors and medical students were provided with details of the new contract.

With a turnout of 68 per cent – around 37,000 junior doctors and medical students – 42 per cent voted in favour of the contract, while 58 per cent voted against.

Following the results of the referendum, Dr Johann Malawana has announced that he will stand down from his position as BMA junior doctor committee chair. A new chair will be elected in the coming weeks.

He said: "The result of the vote is clear, and the Government must respect the informed decision junior doctors have made. Any new contract will affect a generation of doctors working for the NHS in England, so it is vital that it has the confidence of the profession.

'Given the result, both sides must look again at the proposals and there should be no transition to a new contract until further talks take place.

'Having spoken to many junior doctors across the country in recent weeks it was clear that, while some felt the new contract represented an improved offer, others had reservations about what it would mean for their working lives, their patients and the future delivery of care in the NHS. There was also considerable anger and mistrust towards the government's handling of this dispute.

'These concerns need to be fully addressed before any new contract can come into effect and, in light of the result, I believe a new chair will be better placed to lead on this work.

"There is much to do in order to rebuild the trust that has been eroded over the last year. The government must now do the right thing, accept the outcome of this vote and work constructively with the BMA to address junior doctors' concerns with the new contract.'

**CONSULTANTS AND JUNIORS URGE FOR A QUICK CONTRACT SOLUTION**

Consultants and doctors in training have urged parties negotiating the junior doctor contract to try and agree a new solution quickly following today's rejection of the package (see story on this website).

In a joint response, Prof Derek Bell, president of the Royal College of Physicians of Edinburgh, and Dr Katherine Walesby, chair of its trainees' committee, said: 'While it is disappointing that negotiations have not reached a successful conclusion, we must recognise that progress was made when all parties returned to talks earlier this year.

'We hope that cooperation can continue to enable an urgent resolution without further delay or industrial action.'

Both said they knew many trainees had concerns that they felt had not been addressed by the proposed junior contract.

To tackle young doctors concerns, a new junior contract had to value the essential role that trainees played in the NHS, they said.

And it needed to be fair to all, including those working less than full time, those taking time out to study, and those working in all medical specialties, including undertaking research and other academic pursuits.

The duo added: 'Given the current political climate and the uncertainty that exists in relation to Europe, we must ensure that trainees are protected as EU regulations are negotiated, for example in relation to working hours.

'Unless these issues are addressed now, future recruitment and retention in the NHS will suffer to the detriment of patient care.'
PAY AND OTHER POLICIES AFFECTING YOUR GP CLIENTS

We have compiled the following list of motions which were carried at the recent policy-making Annual Conference of LMCs and hope you find it useful background for discussions with your GP clients.

As can be seen below, motions covered a wide variety of subjects affecting GPs' working lives and many of them – from the General Practice Forward View to shotgun certificates – have financial implications.

IT

That conference believes that GP IT needs fully funded:

i. improved support services

ii. fast and reliable broadband connections

iii. scanning, digitising and shredding of paper records

iv. interoperability

v. a fit for purpose national primary care IT specification

SEVEN DAY GP SERVICE

That conference believes that the current emphasis on 7-day working is a political push for the unachievable particularly in the light of the continued under-resourcing of primary care and insists that the 7-day mantra be abandoned and any additional resource available should be used to enhance the weekend emergency cover services.

URGENT CARE

That conference is concerned by the lack of integration between the out-of-hours GP care providers with each other and in-hours GP services and calls for an integrated IT system across all out-of-hours providers.

JUNIOR DOCTORS DISPUTE

That conference is appalled at the Government's handling of the junior doctor's dispute and

i. strongly condemns the imposition of the new unsafe and unfair contract on junior doctors

ii. believes the dispute has damaged doctors' morale and lost the goodwill of hard working staff

iii. confirms support for the junior doctors and calls on the GPC to set out what steps practices can take to demonstrate this.

GENERAL PRACTICE FORWARD VIEW

That conference with regards to the General Practice Forward View;

i. welcomes the acknowledgment of significant past underfunding and commitment to increased spending

ii. believes that most of the investment promised is conditional upon practices delivering transformation and service change

iii. recognises that only some of the demands of the profession have been included, and instructs GPC to continue to press for further dedicated resources to support GPs

iv. does not believe that there is sufficient urgency in the measures described

v. is concerned that the present financial state of the NHS makes the prospects of these financial flows unlikely.

That conference does not accept the General Practice Forward View is an adequate response to the GPC's statement of need within the BMAs Urgent Prescription for General Practice, and considering this to be sufficient
grounds for a trade dispute, unless the Government agrees to accept the Urgent Prescription within three months of this conference, the GPC should ask the BMA to:

i. ballot the profession on their willingness to sign undated resignations
ii. ballot the profession on their willingness to take industrial action
iii. ballot the profession as to what forms of industrial action they are prepared to take
iv. produce a report to practices on the options for taking industrial action that doesn’t breach their contracts.

PREMISES

That conference believes that NHS Property Services is not fit for purpose and has:

i. failed in its mandate ‘to provide a quality service to its tenants’
ii. failed in its core value ‘caring – helping the NHS to deliver better and more sustainable clinical care and services’
iii. not been made accountable for its mismanagement and lack of action
iv. demanded charges that are unrealistic, unaffordable and destabilising to practices.

OVERSEAS PATIENTS

That conference believes that overseas visitors should be able to attend UK general practitioners but:

i. this should only be on a private fee-paying basis
ii. any fees paid should be retained in full by the general practice
iii. it remains open to the Government to offer NHS care free to overseas visitors at walk-in centres, urgent care centres, and accident and emergency departments, and patients can be offered these alternatives.

GP LOCUMS

That conference affirms that locum GPs are an essential part of the GP workforce and in this current workforce crisis:

i. rejects the principle that the Department of Health can unilaterally fix a market price for services
ii. rejects compulsory reporting by practices of locum payments
iii. affirms that practices and locum GPs should be allowed to mutually agree terms and conditions
iv. rejects any attempt to cap the fees charged by GP locums.

MEDICAL CERTIFICATES AND REPORTS

That conference calls for:

i. an extension of self-certification for illness from 7 to 14 days
ii. a change in legislation to allow other health care professional such as midwives, allied health professionals and nurse practitioners to complete ‘fit notes’ for patients.

FIREARMS CERTIFICATES

That conference recognises that a new process for issuing of firearms certificates by the police commenced on 1 April 2016 which involves additional work for general practitioners and instructs the GPC to work with the BMA Professional Fees Committee to urgently revise this dangerous scheme and actively support GPs refusing to participate in this process until:
i. the process is changed so that certificates are only issued after (rather than before) GPs are involved
ii. there is clarification regarding payment for the work involved
iii. there is clarification of the medico-legal validity of the process.

SPENDING ON PRIMARY CARE

That conference insists that the GPC:

i. secure a commitment from government that spending on primary care increases to at least 12% of the total NHS spend
ii. secures an agreement to suspend all further PMS redistribution and MPIG erosion
iii. produces a nationally agreed and costed menu of ‘GMS plus’ services

OTHER MOTIONS

That conference calls for the urgent incorporation of contingency planning for large numbers of patients being left without general practice services at very short notice into all NHS emergency preparedness and resilience planning.

That conference, in the light of the recent findings of research published in the British Journal of General Practice, calls upon GPC negotiators to ensure that the huge difference in premature multi-morbidity across the social spectrum is taken into account in the allocation of funding and resources for general practice.

That conference believes that ‘New Models of Care’ are no substitute for the lifetime doctor patient mutual investment company of ‘Old Models of Care’.

That conference asserts that rising demand and falling resources mean patient safety can no longer be guaranteed in NHS general practice, and asks GPC to open negotiations with the Government to

i. define the contents and scope of the core primary care contract
ii. acknowledge that additional work will require additional resources
iii. consider how public demand for health care can be better managed.

That conference as part of the ‘rescue package’, presses the GPC to urgently publish a list of procedures and services that are not part of contracted essential and additional services

i. which should be implemented nationally
ii. and that practices providing these services should be given additional payments
iii. and would advise practices undertaking these services without additional funding to consider giving notice of terminating the services.

JUNIORS STILL HOPE FOR NEGOTIATED CONTRACT

The new junior doctors’ leader has said she is still committed to seeing a negotiated end to the contract dispute, despite Government plans to push ahead with imposition.

Dr Ellen McCourt, the BMA’s junior doctors committee interim chair, said: ‘It is extremely disappointing that the Government is pushing ahead with the introduction of a contract that has been rejected by a majority of junior doctors.'
‘Good progress had been made in recent months and I believe agreeing a contract in which junior doctors have confidence is still the best way forward.’

Dr McCourt said by choosing the imposition route the Government was simply storing up problems for the future.

‘A new contract will affect a generation of doctors and impact on the delivery of patient care. It needs to have the support of the profession.’

The BMA will consult with members before deciding on next steps.

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THINK TANK CALLS FOR NHS FINANCES RE-THINK

The Government is being urged by a leading think tank to review its priorities for the NHS and be honest with the public about what the health service can deliver with its budget.

In a new briefing published today, The King’s Fund suggests that key waiting time targets may need to be reviewed and the commitment to deliver seven-day services revisited, if the Government’s priority is to restore financial balance in the NHS.

Analysis carried out for the briefing shows that NHS providers and commissioners recorded an aggregate deficit of £1.85 billion in 2015-16, a threefold increase on the previous year and the biggest deficit in NHS history.

This was despite stringent financial controls and short-term measures implemented by the government and NHS bodies to reduce costs.

The briefing argues that the extent of overspending makes it clear that the deficit is not down to mismanagement in individual organisations but is a systemic problem, with the NHS no longer able to meet rising demand for services and maintain standards of care with the budget is has been allocated.

It warns that cuts in staffing and reductions in the quality of patient care are inevitable if restoring financial balance is the government’s top priority.

Looking to the future, the briefing says that programmes to implement new models of care offer significant opportunities to improve services for patients but will not deliver major savings in the short term.

It also argues that the NHS can improve productivity by improving clinical practice and reducing waste, although this cannot be achieved at the pace or scale needed to meet the target of delivering £22 billion in efficiency savings by 2020-21.

The briefing, which comes ahead of the publication of the Department of Health’s annual accounts and a new drive from national bodies to reduce deficits across the NHS, also highlights the risks to the NHS following the UK’s vote to leave the EU.

It warns that the political and economic instability following the Brexit vote are likely to add to the financial pressures the NHS faces.

Helen McKenna, senior policy adviser at The King’s Fund and one of the authors of the report, said: ‘Politicians need to be honest with the public about what the NHS can offer with the funding allocated to it. It is no longer credible to argue that the NHS can continue to meet increasing demand for services, deliver current standards of care and stay within its budget. This is widely understood within the NHS and now needs to be debated with the public.

‘There are no easy choices, but it would be disastrous to adopt a mind-set that fails to acknowledge the serious state of the NHS in England today. We are drawing attention to these issues now while there is still time to have an informed and honest debate about the best way of sustaining and transforming care.’

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LACK OF GP ENGAGEMENT ‘PUTS CCGS AT RISK’

Clinical commissioning groups (CCGs) have secured better GP engagement than earlier forms of commissioning but still face numerous barriers to putting power in doctors’ hands, a new report warns today (Tuesday).

It claims that CCGs’ clinically led model of commissioning is at risk if barriers to effective clinical involvement are not addressed.

Researchers from The Nuffield Trust and The King’s Fund found that CCGs feel they need more autonomy to involve GPs in decisions about service design.

Over 70 per cent of CCG members are at least ‘somewhat’ engaged with the work of their CCG. This compares favourably with engagement levels under practice-based commissioning, the previous approach to involving GPs in commissioning implemented in 2005.

But there are concerns that inadequate resourcing of CCGs is undermining efforts to develop high-quality, clinically led commissioning and researchers believe there is a lack of political support when making tough decisions about priorities.

Their report highlights concerns among GPs about their influence on commissioning decisions.

In 2016 only 20 per cent of GPs without a formal role in their CCG reported that they could influence the work of their CCG if they chose to – down from 35 per cent in 2014.

LITTLE OR NO CHANGE IN QUALITY OF CARE

GPs felt CCG managers still had more influence over commissioning decisions than they did and that there had been little or no change in the quality of care in general practice as a result of their CCG.

The report, Clinical commissioning: GPs in charge?, followed six CCGs from their creation in 2012 to where they are today and aims to share learning from their experience about securing effective GP involvement in commissioning.

Ruth Robertson, fellow in health policy at The King’s Fund, said: ‘Our research shows that while CCGs have made good progress in engaging GPs in local commissioning decisions, there remain significant barriers to effective clinical engagement and to translating this into improvements in quality of care.

‘The NHS must now build on CCGs’ achievements and do more to embed clinical involvement in planning decisions across the health care system. As well as properly supporting GP commissioners within CCGs, this means ensuring that GPs and other clinicians have a strong voice in the sustainability and transformation planning process and in the vanguards.

‘Engagement with GPs and other clinicians is crucial to efforts to transform out-of-hospital health and care provision and to move the NHS to a more financially sustainable position. In these challenging times for the health service, it is more important than ever that clinical engagement in commissioning decisions is properly supported.’

Holly Holder, fellow in policy at The Nuffield Trust, said: ‘Involving doctors and their colleagues in decisions about how NHS money is spent is very important. It won’t be possible to make the kind of changes at the front line we need to see without buy-in from people who actually deliver care.

‘We are now moving into a complicated world of multiple and overlapping organisations taking on some of the responsibilities that GP-led clinical commissioning groups were given in the 2012 reforms. This must not mean diluting the voice of GPs and alienating those who have contributed to CCGs over the past few years.

‘We want to see national leaders say clearly that clinical commissioners will still have an important place in the future NHS. They must support CCGs to make taking part an attractive, rewarding career path for GPs – which we know it sometimes is not.’
GAPING HOLES IN DOCTORS’ PENSION KNOWLEDGE REVEALED

AISMA members who advise doctors about pensions may still need to do more to explain the complexities, a survey suggests.

According to new research:

Three quarters of doctors do not understand the key features of a pension

- 77 per cent did not know how much to set aside for retirement
- The amount of money doctors expect to need in retirement has fallen by more than £16,000 since 2014 – from £48,253 to £32,037
- A fifth think they can withdraw the full pension fund at any time, completely tax free

The survey of 200 doctors by Wesleyan, which claimed doctors’ working pressure made it difficult for them to find the time to review retirement plans.

Spokesperson Vicki Wentworth said: ‘It is hard to plan for retirement if you don’t fully understand the options available to you and what you can actually do with your savings – our research shows most doctors sadly don’t understand.

‘How much doctors need in retirement depends on their own circumstances and needs, but what is clear is that many have an idea of what they would like to have after they finish work, but don’t understand enough about pensions to make effective plans to achieve it.

‘Given the amount of publicity that has surrounded pensions during the past year, we would expect to see doctors begin to plan earlier for retirement, but our insight tells us that isn’t happening and that doctors are still confused.’

According to the findings, nine-out-of-ten doctors have researched into their pensions in the past year – but are still confused.

69 per cent were are unaware how much the Government contributed for every pound invested in a pension.

Wesleyan also reported widespread misunderstandings of the pension freedom reforms, put in place last spring despite the extensive publicity surrounding their introduction more than a year ago.

Research based on a survey of 200 doctors by Censuswide on behalf of Wesleyan, February 2016

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HUNT URGED TO HOLD HONEST DEBATE ON NHS FUNDING

The Health Secretary has been urged to say what the NHS can pay for and what it cannot.

Commenting on the news that Jeremy Hunt will remain in his post following the Brexit cabinet reshuffle, The King’s Fund CEO Chris Ham challenged him to ‘lead an honest debate with the public about what the health service can deliver with its budget.’

He said this meant reviewing current priorities and avoiding making new commitments which could not be funded.

Mr Ham added: ‘Tackling the growing crisis in social care will be a key test of the Prime Minister’s promise of a country that works for everyone and must move much higher up his agenda.

‘He must reignite the stalled debate on funding reform and make the case to his Cabinet colleagues for it to be a key priority for the Government.’

Mr Ham said Mr Hunt needed to make the case for a new settlement for health and social care that provided adequate funding to meet current and future needs.

He also had to rebuild trust with NHS staff, especially junior doctors.
The BMA said there were ‘extremely difficult decisions ahead’ and doctors needed to play a central role in shaping the delivery of healthcare.

Council chair Dr Mark Porter said: ‘More than ever we need a period of stability and a working environment that encourages partnership and co-operation.

‘We also still need to agree a contract for junior doctors in which they have confidence and I urge Mr Hunt to build on the progress that has been made so far to address outstanding issues and regain trust from junior doctors, who are the future of the profession.’

HOUSE OF LORDS WANTS VIEWS ON NHS FINANCING

Parties with an interest in the financial side of the health service are being invited by The House of Lords Committee on the Long-term Sustainability of the NHS to make submissions to its inquiry.

The Committee’s inquiry comes as NHS commissioners and providers wrestle with an annual deficit of £1.85bn and imminent demographic changes promise an older population and more patients with increasingly complex long-term health needs.

These challenges come alongside changes in healthcare and medical technology which may lead to more personalised prevention and treatment of diseases.

The Committee has divided its inquiry into five themes which it will consider in public evidence sessions in the following order:

1. Resourcing issues – including funding, productivity and demand management. Is the current funding model for the NHS realistic in the long-term? Should new models be considered? Is it time to review exactly what is provided free-at-the-point of use?

2. Workforce – including supply, retention and skills. How can an adequate supply of appropriately trained healthcare professionals be guaranteed? Are enough being trained and how can they be retained? Do staff in the NHS have the right skills for future health care needs?

3. Models of service delivery and integration. How can the move be made to an integrated National Health and Care Service? How can organisations in health and social care be incentivised to work together?

4. Prevention and public engagement. How can people be motivated to take greater responsibility for their own health? How can people be kept healthier for longer?

5. Digitisation, big data and informatics. How can new technology be used to ensure sustainability of the NHS?

The Committee is inviting written evidence to be received Friday 23 September. It said evidence can cover one or more of the themes and should focus on the long-term sustainability of the NHS rather than short-term issues.

It will agree its report by the end of March 2017.

Committee chair Lord Patel said: ‘It seems that on an almost daily basis we hear stories of one NHS crisis or another but we have not yet had a robust long-term analysis of the challenges it faces.

The NHS is one of our most beloved institutions with principles that people value and admire but like any public service it must adapt. We need to find long term solutions.

“Our inquiry will get to the core of the challenges that the NHS will face over the next two decades and beyond. We hope that it will lead to a cross-party consensus on the way forward for a sustainable approach to better healthcare.’
HEALTH SELECT COMMITTEE WARNS OVER NHS FUNDING

Public health funding cuts will make it more difficult to address the Prime Minister’s challenge to reduce health inequality, the Commons Health Select Committee has warned.

Chair Dr Sarah Wollaston MP said: ‘Whilst the NHS has been treated favourably compared to many other departments, the increase in health funding is less than was promised if assessed by the usual definitions.

‘The cuts to public health undermine the radical upgrade to prevention that is needed to keep people healthy, reduce the gap in life expectancy and years lived in poor health for the most disadvantaged, and reduce demand on the health service. Cutting public health is a false economy, creating avoidable additional costs in the future.’

She was speaking after her Committee warned in a report today that the scale of the funding challenge in health was ‘colossal’. It said although spending on health was increasing, the service was under unprecedented strain and struggling to keep pace with relentlessly rising demand.

Dr Wollaston added: ‘Short-term measures are being used to deal with the worsening financial situation. Capital budgets have been raided to meet current spending and trusts encouraged to ‘review their accounting estimates for savings’. We are concerned that these measures are masking the true scale of the underlying financial problems facing the NHS.’

REACTION

Richard Murray, director of policy at The King’s Fund, said: ‘The Health Select Committee have summed up the funding challenges facing health and social care with laser-like precision.

‘It is clear that it is no longer credible to argue that the NHS can continue to meet increasing demand for services, deliver its commitments on standards of care and stay within its budget. The Government must review its priorities for the NHS and be honest with the public about what the service can deliver with the funding it has been allocated.

‘We note that the Committee has backed the independent assessment we and others made that the NHS budget will increase by much less than originally appeared in the Spending Review. We support their call for the Government to return to using the previous definition of health spending.’

He welcomed the report’s warning that there was no detailed plan for achieving the £22 billion savings required and no prospect that savings could be made at the pace or scale needed to meet this target.

‘STARK WARNING’

Dr Mark Porter, BMA council chair, said: ‘This is another stark warning about the financial crisis that is engulfing the NHS.

‘The BMA has previously voiced its concerns about the spending review’s definition of ‘NHS spending’, which means health spending will rise by only £4.5 billion in real terms by 2020-21, rather than the £10 billion announced by the Government.

‘This is far less than the funding requirements set out in NHS England’s Five Year Forward View, before the Government’s announcement of its intention to introduce seven day services which will further increase resource pressures.’

He said if the Prime Minister was serious about tackling health inequality then the NHS needed a long term strategy that addressed the fundamental workload and funding challenges.

FREE LEGAL ADVICE FOR GPS AND MANAGERS

GP and practice manager members of defence body MDDUS in England and Wales can now access a free 20-minute legal consultation for business and corporate legal advice.

Under an agreement with law firm Capsticks they are also being offered discount rates on non-indemnity issues.

MDDUS director of development David Sturgeon said: ‘GPs and practice managers will be able to call on Capsticks
to provide legal advice on issues such as commercial and business issues, all types of property work, practice mergers and acquisitions, partnership agreements and disputes as well as primary care contracts. Members can also get advice in relation to CQC inspections and health and safety issues.’

Asked about a similar arrangement for Scotland and Northern Ireland GPs and practice managers, an MDDUS spokesman told AISMA: ‘We will be considering whether to develop something similar in light of experience.’

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**TAX ADVISERS ARRESTED DURING £132M SUSPECTED TAX FRAUD PROBE**

Three tax advisers have been arrested as part of an HMRC investigation into a suspected £132m tax fraud, it was announced today.

Over 30 HMRC officers searched four residential and one business address during morning raids yesterday in the North West and Midlands. Computers, business and personal records were seized during the operation.

A spokesman said the arrests were made as a result of a HMRC investigation into a complex scheme involving offshore trusts used by professional financial advisers to facilitate UK individuals to avoid around £132m in income tax.

Paul Maybury, assistant director of HMRC’s Fraud Investigation Service said: ‘These arrests show that we are determined to tackle not only those suspected of tax fraud, but also the professionals who we believe abuse their position of trust to help them do it.’

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**GPC HAS ‘NO CONFIDENCE’ IN CAPITA**

Doctors’ patience with Capita has finally run out – the BMA’s General Practitioners Committee (GPC) has passed a motion of no confidence in the company.

It said this decision was taken after months of concerns highlighted by practices in England about:

- the failures in patient record transfer
- delivery of supplies and payment problems since NHS England handed over responsibility to Capita, as well as
- ‘the very real concerns’ highlighted this week in the national press over NHS England’s plans to remove patients from practice lists.

GPC chair Dr Chaand Nagpaul said: “The General Practitioners Committee has passed a vote of no confidence in Capita. We believe that the commissioned service they provide for primary care support in England is putting patients at risk and has caused serious disruption for general practice.

‘The plans for removing patients from practice lists should be abandoned.’

‘Every person in the UK has a fundamental right to be registered with a local GP practice at all times. We are calling on NHS England to meet with GPC England to discuss these plans before any further action is taken.”

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**RCGP CALLS ON PM TO CRACK ON WITH GP INVESTMENT PLAN**

The RCGP is calling on Prime Minister Theresa May to urgently implement promises made in NHS England’s General Practice Forward View – before patients have to wait even longer to see their GP.

Under the plans outlined, published in April and signed off by David Cameron and George Osborne, general practice is set to receive £2.4bn of additional investment on an annual basis by 2020.
It should also get a half billion pound package of emergency measures including help for distressed practices and stressed GPs.

A promise has also been made to expand the workforce by 5,000 additional doctors and 5,000 other members of the general practice team.

The RCGP’s plea to crack on with the plans came with claims that patients will have to wait to wait more than a week to see their GP on almost 100m occasions by 2020–21, endangering the health of thousands of patients, if the Government fails to implement promises.

It said if recent trends continue then the number of occasions when patients will have to wait longer than a week to see their GP will rise by over 28m occasions from 2015–16 – when patients had to wait to see a GP on over 69m occasions – to 98m in 2020–21.

The analysis also indicates that waiting times by then will be so bad that patients will be unable to get an appointment with their GP on 52m occasions.

Although many GPs were positive about the General Practice Forward View, there are now fears that changes in Government, and the impact on the economy of Brexit, means the promises are at risk.

RCGP chair Dr Maureen Baker said: ‘We now need a guarantee from the new Prime Minister, the new Chancellor and the Health Secretary that the NHS England General Practice Forward View will be delivered in full.

‘This is an especially pressing issue given that so many voters in the EU referendum were swayed in their opinion by concerns about the NHS and particularly by worsening GP waiting times.’

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**BANK TARGETS LOANS FOR GPS’ TAX BILLS**

A new digital service from Wesleyan Bank aims to make it easier for GPs to apply for finance to spread the cost of their tax bills’

It said: ‘With the 31 July 2016 deadline for tax paid through self-assessment looming, many doctors are concerned about the impact tax liabilities will place on their cash flow and their ability to pay on time to avoid financial penalties.’

Wesleyan Bank’s Tax Portal is an online application which allows GPs and other practice businesses to apply for funding to cover their HMRC tax bill.

The system aims to give doctors an ‘instant quote’ for spreading the cost over six or 12 monthly instalments.

Once approved by Wesleyan Bank, the loan can either be paid directly to them or to HMRC.

Bank boss Steve Deutsch said: ‘Many doctors put off planning around tax and then struggle to find the cash to meet their tax liabilities on time. The potential impact to their bottom line is now further compounded by HMRC taking a strict stance on late payments. In a recent survey as much as 5% of respondents fell into this late category.

‘Wesleyan Bank’s Tax Portal has been specifically developed to ease the pressure that doctors experience at this time of year and offers a fast and convenient way for them to manage their tax liabilities online. By spreading the cost over six or 12 months, practices can attain a greater degree of control over their cash flow and plan more effectively for the future.’

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**NHS ‘HAEMORRHAGING’ CASH ON CLAIMS**

Doctors’ defence body the MDU is hoping new figures from the NHS Litigation Authority – the body which pays compensation on behalf of English hospitals – will speed up a change in compensation law.
Provisions for hospital clinical negligence claims have almost doubled since last year to £56.4 billion, reaching record levels.

The Union said the ‘astonishing’ figure revealed the urgent need for legal reform to make compensation levels affordable for English taxpayers. Taxpayers’ individual share of the total provision is said to be £2,217.

An NHSLA report explains the record sum is made up of an increase in estimated liabilities of £25.5bn as a result of a Treasury adjustment to the discount rate. Added to this is £2.5bn for claims arising from the financial year ending 31 March 2016.

The NHSLA also reported an annual increase of 27% (£319m) in compensation payments and legal costs which went from £1.169m to £1.488m.

MDU chief executive Dr Christine Tomkins said: ‘The NHS is sitting on a time bomb of future claims and legal reform is the only way to address it and to keep money within the NHS for treatment of patients.

‘As the NHSLA chair, Ian Dilks confirms, the astounding rise is not a measure of harm to patients. Of course the NHS must do all it can to prevent negligence, but this is not a problem caused by clinical standards, which remain very high. It is the result mainly of economic pressure and an outdated legal system meaning compensation must be calculated on the basis of private rather than NHS care.

‘This means billions of pounds leaving NHS funds to provide independent sector care for just one person, taking away funds that could be used for other patients, including those with equally serious injuries who can’t prove negligence.’

She claimed the NHS was haemorrhaging money on claims which it should be able to retain so that all patients could benefit. ‘Patients must be compensated but in a fairer, more affordable way.’

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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 proprietor 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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