

PRACTICE NEWS
AUGUST 2016



Welcome to the latest issue of the Albert Goodman e-Update specifically for medical practices.

If you have any feedback on the contents of this newsletter, or would like to discuss how this may affect your practice please click on the feedback link. Likewise, if you are not a client of ours and would like to see if we are the right team for you please forward [Keith Miller](#), our medical practice specialist, your details who will be delighted to get in touch for an informal chat.

Thank you for taking the time to read this newsletter.

Keith Miller

keith.miller@albertgoodman.co.uk

01935 423667

CONTENTS

[NEW PAYMENT FOR GPS FOR INDEMNITY](#)

[MONEY FOR GPS – PLUS OTHER NHS ENGLAND CHANGES](#)

[GPS CONDEMN REFERRAL FREEZE DUE TO CASH SHORTAGE](#)

[GP STRESS LEVELS SPARK NEW CALL FOR GP FORWARD VIEW CASH](#)

[FUNDING FOR PROPCO-OWNED SURGERY LEASES](#)

[HMRC ISSUES DIGITAL TAX SYSTEM CONSULTATION DOCUMENTS](#)

[GPS' BIGGEST FINANCIAL CONCERNS](#)

[GPC'S URGENT PRESCRIPTION FOR GENERAL PRACTICE IS ACCEPTED](#)

[DOCTORS REACT TO GOVERNMENT'S OWN 7 DAY SERVICE FINDINGS](#)

[CLAIMS AGAINST GPS UP BY 16.4%](#)

[HMRC'S NEW WARNING FOR OFFSHORE TAX EVADERS](#)

[GPC SETS OUT MORE ON ITS URGENT PRESCRIPTION FOR GENERAL PRACTICE](#)

NEW PAYMENT FOR GPs FOR INDEMNITY

Defence bodies have welcomed an NHS England announcement today of a new GP indemnity support scheme providing a special payment to practices, linked to workload, to offset average indemnity inflation.

NHS England said: 'The scheme will initially run for two years, when it will be reviewed. The first payment, which will be separate from standard contract payments, will be made in April 2017. NHS England will now develop the details of the scheme in discussion with the profession.'

It said it would run another winter indemnity scheme this year to reward GPs who are able to carry out more out of hours sessions, to specifically address winter pressures.

NHS England will take forward discussions with CCGs and the profession on the best way of protecting GPs from indemnity inflation for out of hours from 2017-18.

It added: 'The Department of Health will work to better understand the options for constraining litigation costs in primary and secondary care. Further work in this area is integral to our goal to supporting the NHS to become a learning and improving system that seeks to prevent harm and reduce risks, and when healthcare harm does occur there is an improved response that ensures a positive and meaningful experience for the patient and their families, and appropriate and fair compensation.

'And we must consider the right balance between funding between NHS services for all, and compensation to those who have been harmed by the NHS when things go wrong.

'NHS England will work with the profession and the Medical Defence Organisations to identify practical steps which will help improve safety in practice and the handling of patient complaints.

'We will consider what the most appropriate indemnity arrangements for GPs for the future are, including consideration of national schemes or risk sharing agreements. We will also need to ensure future systems equally support clinicians in traditional models and in new, evolving models of primary care, some of which challenge the historic boundaries between primary and secondary care.

'The profession have also raised concerns about how to maintain a sense of equity between new care models and those working under traditional contracts. NHS England will take forward discussions on these issues in the coming months.'

The MDU said the scheme should provide GPs with relief from the unsustainable increases in the cost of indemnity driven by spiralling litigation.

It welcomed the review's acknowledgement that increasing compensation awards are the main driver behind the rise in GPs' indemnity costs. While today's solution is intended to relieve the cost pressures on GPs in the short term, the MDU explained that in the longer term, legal reform was needed.

Dr Matthew Lee, MDU Director of Professional Services, said: 'Today's report acknowledges the concerns we have been raising for some time. The spiralling cost of litigation against NHS GPs is placing an unsustainable burden on them because they are responsible for their own indemnity costs.

'We are not surprised that the review found no evidence of a deterioration in the standards of patient care. The drivers of claims inflation are principally legal and economic and out of GPs' control.

'We welcome the arrangements being put in place to support GPs but the fact that the Department of Health has needed to step in to protect them from rises in indemnity costs, shows the need for reform of personal injury law. The only realistic solution is to stem the frequency and cost of negligence claims to ensure NHS money is spent on front-line services instead of litigation.

'We are pleased this has been acknowledged and would encourage the government to take urgent action to address this problem through legal reform.'

At the MDDUS chief executive Chris Kenny said: 'We welcome the fact that the Government and NHS England have found the indemnity market to be efficient and competitive. They have not reached for naive solutions with

unpredictable effects in the long-term and should not be tempted to do so in the future.

‘We welcome the measures to relieve immediate pressures. It is now vital to address causes, not just symptoms. So we urge the Government to make rapid headway on the tort reform and recoverable costs agenda to build sustainability.’

[Top of page](#)

MONEY FOR GPs – PLUS OTHER NHS ENGLAND CHANGES

NHS England has announced it is to help struggling GP practices by releasing the first £16m of the new £40m Practice Resilience Programme, part of the five-year General Practice Forward View.

It has also launched the first phase of the three-year, £30m general practice development programme, aiming to give every practice in the country the opportunity to receive training and development support.

NHS England said funding from the £40m Practice Resilience Programme would be released this week ‘to quickly secure help where it’s needed most.’

The new scheme aims to support practices worst affected by rising patient demand and will allow a wider range of support, including access to specialist support on HR, IT, staffing and practice management.

NHS England said its local teams would manage the funding.

Practices can register expressions of interest in joining a local ‘Time for Care’ initiative as part of the £30m general practice development programme.

NHS England said: ‘National expertise and resources will be available for every practice in the country to have a 9-12 month series of workshops, learning sessions and agreed action plans. These activities will help practices to implement their plans to help release capacity and work together at scale, enable self-care, introduce new technologies and make best use of the wider workforce, so freeing up GP time and improving access to services.’

It claimed previous experience showed that most practices could expect to release about 10 per cent of GP time over the 9-12 month period.

RETAINED DOCTORS

To support doctors who might otherwise leave the profession to remain in clinical practice NHS England said it had increased, through the Retained Doctor Scheme, both the money for practices employing a retained GP and the annual payment towards professional expenses for GPs on the scheme.

NHS England is also writing to all NHS Trusts, Foundation Trusts and CCGs to remind them of the standards now in force as part of the NHS Standard Contract, including not automatically asking

GPs for re-referrals for did-not-attend outpatient appointments into the care of a GP.

The new legal contract requirements in the NHS Standard Contract for hospitals in relation to the hospital/general practice interface came into force from April.

MCP CARE MODEL FRAMEWORK

NHS England has also announced further details of the multispecialty community provider’ (MCP) care model framework, which includes proposals for how the new voluntary contract may work.

It proposes the contract will be a multi-year contract with payment operating on the basis of a whole population budget, a new pay-for-performance incentive scheme and risk-and gain-share agreement with the acute sector.

Said NHS England: ‘The pay-for-performance element will replace the Quality and Outcomes Framework (QOF) and Commissioning for Quality and Innovation (CQUIN) and should ensure that payment is based on outcomes delivered across multiple care settings and not based on individual episodes of care.’

'In addition, a risk-sharing agreement with the acute sector means that the MCP will share the gains from reducing unplanned hospital admissions – for example by investing in faster primary care appointments.

'This new whole population budget sits at the heart of the model. It is based on the GP registered list and covers a much wider range of primary and community-based services, and potentially aspects of hospital-based care. In practice, this means the MCP ultimately holding a single contract for all services in scope, including primary and medical community health, social and mental health services.'

[Top of page](#)

GPS CONDEMN REFERRAL FREEZE DUE TO CASH SHORTAGE

GP leaders have attacked a CCG's decision to suspend the non-urgent referral of patients to local hospitals for financial reasons.

They called St Helens CCG's action 'unacceptable' and today urged the Government to step in to resolve the crisis.

GPC deputy chair Dr Richard Vautrey said the referral ban highlighted the huge financial pressure facing general practice and its impact on patient care.

He added: 'It cannot be right that the public will be effectively denied access to healthcare because the local CCG has run out of money.'

'What apparently may not be urgent at first presentation and is therefore not referred could turn out to be very serious in the long term. Many cases of cancer are subsequently diagnosed following routine referrals of patients who have undifferentiated symptoms early on in their illness.'

'The cost to the health service of delaying referrals could ultimately be much greater in the long term as more complex and costly problems develop as a result.'

[Top of page](#)

GP STRESS LEVELS SPARK NEW CALL FOR GP FORWARD VIEW CASH

New figures revealing high stress levels in general practice have brought calls from the RCGP for the Government to implement the pledges made in the GP Forward View.

Charity Mind's research today revealed 88 per cent of primary care workers find their work life stressful, significantly higher than the wider UK workforce (56 per cent).

The poll of over 1,000 NHS workers in primary care, including GPs, practice nurses, practice managers and their colleagues, also showed that work is currently the most stressful area of their lives, ahead of their finances, health, family life and relationships.

RCGP chair Dr Maureen Baker said: 'The current state of general practice is pushing GPs to their limit, and these results show it is having a serious impact on their physical and mental health. It goes without saying that a service that relies on sick and fatigued GPs is not good for patient safety.'

'NHS England's GP Forward View is a lifeline for general practice, and the pledges – including £16m to support GPs suffering from burnout and stress – will go a long way to alleviating the current pressures facing GPs, and in turn improve patient care.'

'General practice is a fantastic and rewarding career, and we look to the Government to implement the pledges made in the GP Forward View as a matter of urgency, so that we can keep our profession strong, now and in the future, for the benefit of the wider NHS and our patients.'

The psychological impact of work place stress on primary care workers is significant, with two in five (43%) saying that workplace stress has led them to resigning or considering resigning from their jobs.

One in five (21 per cent) said it had led them to develop a mental health problem and 8 per cent said that workplace stress has led to suicidal thoughts.

One in six (17 per cent) also said that stress has led to them taking medication for a mental health problem.

PRACTICE STAFF

The survey found one of the biggest problems facing primary care staff appeared to be a fear of disclosing their stress levels in the workplace.

According to the RCGP, this is perhaps unsurprising when one in three said they felt that disclosing that they are overly stressed would lead to them being perceived as less capable than other colleagues.

A fifth also felt that disclosing would count against them when they were considered for promotion.

Mind chief executive Paul Farmer said: 'Everyone has mental health that needs looking after and this is just as true for GPs, nurses and their colleagues in primary care. These figures paint a worrying picture, suggesting that levels of stress among primary care staff are having a real impact on both their mental and physical wellbeing.'

Mind commissioned Dods Research to poll NHS staff working in primary care. The poll was conducted online during June 2016, and over 1,000 staff took part over a two week period.

[Top of page](#)

FUNDING FOR PROPCO-OWNED SURGERY LEASES

GPs practising from a PropCo-owned surgery are being advised they could be eligible to claim £1,000 towards the cost of legal advice on the new PropCo lease, if they act now.

DR Solicitors said: 'Whether you're a local medical committee representing GPs, or an individual GP surgery, you are likely to be aware of the new NHS Property Services Company ("PropCo") lease. Released in May 2016, many GP surgeries will already have been contacted about it and encouraged to sign up.

'What you may not know is that the terms of the lease are negotiable and financial incentives are available that can help you ensure you get the best deal possible for your practice.'

The company said for a limited time, NHSE is offering up to £1,000 per practice that can be put towards their legal fees, as well as payment of any Stamp Duty Land Tax (SDLT) in full.

It is offering a fixed fee to act on practices' behalf in reviewing their options, negotiating and completing the lease.

[Top of page](#)

HMRC ISSUES DIGITAL TAX SYSTEM CONSULTATION DOCUMENTS

The HMRC has issued six consultation documents seeking views on its programme to digitalise the tax system.

At the same time it has announced that 1.3m small businesses would not need to update it quarterly or keep their records digitally.

HMRC said the decision to exempt the smallest businesses and landlords from digital record-keeping and quarterly updates followed months of 'constructive engagement with business and agent groups'.

The Government is also considering deferring digital record-keeping and quarterly updating for a further group of small businesses and will explore options to assist businesses with the transition.

Consultation documents confirm that those who cannot go digital will not be required to.

According to HMRC, the benefits of Making Tax Digital include:

- Cash-basis accounting so that thousands more will be able to pay tax based simply on the difference between money they have taken in and what they have paid out, meaning tradesmen will pay tax on cash received rather than invoices issued
- Prompts and alerts to help businesses get tax right and giving advice on tax reliefs they might be missing out on
- Greater certainty over tax bills so businesses do not have to wait until the end of the year to find out how much they have to pay.

Financial Secretary to the Treasury Jane Ellison MP argued the new system would make the UK's tax administration more efficient and straightforward and offer businesses greater clarity when paying their tax bills.

She said: 'By replacing the annual tax return with simple, digital updates, businesses will be able to concentrate on putting people and profit, not paperwork, first.'

Mike Cherry, chairman of the National Federation of Self Employed and Small Businesses (FSB) said the Government had listened to its representations:

'Removing small firms and the self-employed with modest turnovers altogether from the proposals will now mean that in addition to the 1.6m small businesses and landlords that were already excluded, as a result of these changes announced, a further 1.3m small firms and landlords will no longer be in scope.

'This means that half of the UK's 5.4m small businesses will not be affected by quarterly tax reporting. The expansion of cash accounting, a longer lead-in time for implementation and the offer of direct financial assistance will also help.'

The documents on Making Tax Digital look at:

1. Making Tax Digital: Bringing Business Tax Into the Digital Age – This consultation considers how digital record keeping and regular updates should operate including exemptions.
2. Business Income Tax: Simplifying Tax for Unincorporated Businesses – This consultation seeks views on: changing how the self-employed map accounting periods onto the tax year (basis period reform); extending cash basis accounting; reducing reporting requirements; and reducing the need to distinguish between capital and revenue for businesses using cash basis accounting.
3. Business Income Tax: Simplified Cash Basis for Unincorporated Property Businesses – This consultation considers the extension of cash basis accounting to landlords.
4. Making Tax Digital: Voluntary Pay As You Go – This consultation: looks at options for business customers covered by the requirement for digital record-keeping to make and manage their voluntary payments; considers how voluntary payments will be allocated across a customer's different taxes; and explores the best way of dealing with the repayment of voluntary payments. It also broaches the opportunity regular updating provides to make earlier repayments of withheld taxes.
5. Making Tax Digital: Tax Administration – The consultation covers aspects of the tax administration framework that need to change to support Making Tax Digital. It also sets out proposals to align aspects of the tax administration framework across taxes, including the simplification of late filing and late payment sanctions.
6. Making Tax Digital: Transforming the tax system through the better use of information – This consultation focuses on how HMRC will make better use of the information we currently receive from third parties to provide a more transparent service for customers that reduces end of year underpayments and overpayments. It also explores our future ambition for the use of third party information from 2018 onwards, which will enable us to deliver the end of the tax return by 2020.

[Top of page](#)

GPS' BIGGEST FINANCIAL CONCERNS

Lack of investment in practice premises is GPs' biggest financial concern, according to a survey.

Nearly half (45 per cent) of GPs surveyed singled this out as an issue.

Runner up in the worry stakes were issues surrounding NHS Pension Scheme, with 37% saying these were a concern.

The study, by Wesleyan, found 9 per cent of doctors had considered leaving their jobs for another career.

[Top of page](#)

GPC'S URGENT PRESCRIPTION FOR GENERAL PRACTICE IS ACCEPTED

Doctors' leaders in England have welcomed an agreement by NHS England (NHSE) to take forward proposals from the GPC campaign, Urgent Prescription for General Practice which called for a package of support to address the growing crisis facing GP services.

The decision, confirmed in a letter from NHSE, came after the BMA's GP committee set a deadline for additional measures to alleviate the unsustainable pressures affecting GPs following a motion at the Local Medical Committee's (LMC) Annual Conference in May.

As a result the BMA's GPC said it would not be proceeding with an indicative ballot of GPs about willingness for mass resignations or industrial action, but it will be surveying members in September asking grassroots GPs for their views on future negotiations with the government.

The proposals in the BMA's Urgent Prescription which will form the basis for future talks with NHSE include:

- Ensuring that GPs work within safe limits each day.
- Enabling GPs to have longer appointments to meet the needs of patients, and in particular those with complex and multiple problems.
- Ending inappropriate workload demands on GPs that could be done by other parts of the NHS.
- Empowering patients to better manage their own health when appropriate.
- Ending time consuming bureaucracy, such as chasing up hospital actions or re-referring patients, time that could instead be spent providing more appointments to patients.
- Provide GP practices with more frontline staff and facilities to meet record increase in the public's demand for GP services, especially from an ageing population.

GPC chair Dr Chaand Nagpaul said: 'The BMA's GP committee has made the critical state of crisis in general practice in England absolutely clear to the Government. GP services are buckling under the strain of soaring patient demand, declining budgets, staff shortages and unresourced work being moved from hospitals into the community.

'Many practices fear they are facing the possibility of closure, while nearly four in ten GPs have told a recent BMA survey they are considering quitting their jobs in the next five years. It is not surprising that many LMCs voiced their anger at this intolerable situation at this year's annual conference.

'In response to the calls from the BMA, NHSE has accepted taking forward our proposals to alleviate the unsustainable pressures on practices. Crucially, NHSE has recognised that GPs need to work within manageable workload limits to ensure safe and quality patient care. The BMA will now be meeting NHS England to develop these proposals further, as well as putting pressure on NHSE to deliver on promises made in its General Practice Forward View plans, so that urgent support is delivered to frontline GP services.

GP SURVEY

'The BMA's GP committee will also be proceeding with a survey of the profession in September, to ensure that the profession's priorities and views are properly taken on board when we continue our negotiations in the future.

‘While the BMA is not proceeding with a ballot of the willingness of the profession to take action, we will review progress on tangible improvements to GP pressures, and consider any measures as necessary to enable GPs to provide safe quality care for patients.’

[Top of page](#)

DOCTORS REACT TO GOVERNMENT’S OWN 7 DAY SERVICE FINDINGS

Doctors have expressed alarm over leaked Government papers that show it ignored warnings that the health service had too few staff and too little money to deliver the promised ‘truly seven-day NHS’.

Dr Mark Porter, BMA council chair, said the association had repeatedly raised concerns over the past year about the lack of detail and absence of any plan on how the Government intended to deliver its plan.

‘To see in black and white that the Government has not only ignored these concerns – and those of other leading healthcare organisations – but has also disregarded its own risk assessment’s warnings about the lack of staffing and funding needed to deliver further seven-day services, is both alarming and incredibly disappointing.

‘David Cameron promised a ‘truly seven-day NHS’ before and after the general election, even going as far as to use the word ‘plan’ 18 times in one speech. The fact that the Government is yet to set the objectives or assess the impact of further seven-day services, despite starting to implement extra services, only goes to show that this was nothing more than a headline-grabbing soundbite set to win votes rather than improve care for patients.’

Dr Porter said if the Government wanted to make more services available across seven days then it needed to urgently address how it would staff and fund them ‘rather than continue to mislead the public and brand doctors – who already work round the clock, seven-days a week – as a roadblock to their plans.’

Commenting on the Department of Health documents, Prof Derek Bell, President of the Royal College of Physicians of Edinburgh, said: ‘The issues outlined in these documents will be familiar to anyone working in the NHS, with a key risk to the implementation of seven day working being the lack of available doctors and other healthcare professionals.

‘Information and evidence on the scale, causes and impact of the ‘weekend-effect’ on patients remains uncertain and this is reflected in the creeping change in expectation and outcomes identified in these papers.

‘Our analysis of providing consistent healthcare services over seven days demonstrates the complexity of the issue, which requires a multi-professional approach, improved links between secondary and primary care, and a planned workforce model and funding.’

He said the aim should be to phase and prioritise services in order to maintain a sustainable quality of care throughout the week and at weekends.

[Top of page](#)

CLAIMS AGAINST GPs UP BY 16.4%

A defence body which today reported a huge rise in claims against GPs last year has called on the Government to push through plans to cut legal costs in clinical negligence claims as soon as possible.

The MDDUS revealed a continuing growing trend in compensation claims and litigation with the number of claims for clinical negligence against members across the UK rising by 22 per cent compared to the previous year.

This included a 16.4 per cent rise in claims notified against GPs and a 20.6 per cent increase in claims against hospital doctors.

The Union’s chief executive Chris Kenny has written to Minister for NHS Productivity Lord Prior of Brampton who is responsible for taking the next steps following the Government’s recent review of GP indemnity.

In the letter, he says: 'We welcome the fact that in the recently published GP Indemnity Review, the Government and NHS England found the indemnity market to be competitive and that the price increases our members face are fundamentally driven by factors beyond our own control.'

'The absence of effective controls on the amount of costs which can be recovered in negligence cases is a key driver and substantive action is required on the underlying causes of these increases.'

'The scope for savings for both medical defence organisations and the NHSLA are considerable, especially for lower value claims. We all have many examples of where the amount paid in legal costs is significantly greater than the compensation payments made to the patient.'

Mr Kenny said it was for that reason that the idea of a cap to overcome these 'perverse incentives' of the current system was so attractive.

Not only would it ensure far tighter management of costs at the level of the individual case, but it would have the right incentive effects in ensuring that only the strongest cases were selected and prepared in the most cost-effective manner.

[Top of page](#)

HMRC'S NEW WARNING FOR OFFSHORE TAX EVADERS

HMRC is proposing a tougher regime against offshore tax evaders with tougher penalties of up to three times the tax they try to evade.

It warned today that it will be more able to target evaders from October 2016 when it starts receiving an unprecedented amount of data on those with offshore accounts in the Crown Dependencies and Overseas Territories.

HMRC director general of enforcement and compliance Jennie Granger said: 'We will find those who think they can dodge paying tax in this country. We've closed old disclosure facilities, increased penalties, and ramped up our powers to tackle evaders and those that help others evade – the days of any safe havens for tax evaders are numbered.'

'Our message is simple – come to us pay the tax and penalties that are due, before we target you with the introduction of even tougher sanctions and game-changing data.'

HMRC opens its Worldwide Disclosure Facility (WDF) from the 5 September 2016, allowing those with outstanding tax to pay to put their affairs in order and will offer no special terms.

It said it would will release more details when it opens.

[Top of page](#)

GPC SETS OUT MORE ON ITS URGENT PRESCRIPTION FOR GENERAL PRACTICE

GP practices will need to look at how they can limit the number of available consultations under plans produced by their leaders this week.

Average list size per GP would be around 1,600 and appointment slots would go up from 10 to 15 minutes each, says a GPC report, Safe working in general practice.

The report, setting out the Committee's recommendations to combat rising workload, falling resources and staff shortages, claims it is unreasonable to expect that practices currently have the capacity to lengthen appointment times to safely care for an increasingly complex patient mix and maintain the same levels of clinical contacts per week.

GPs are told in the report that the thought process outlined below should provide a useful guide to limiting clinical contacts, based on known accepted parameters:

- Minimum appointments required per week = 72/1,000 patients
- Average list size per GP = 1,600 approx. Therefore required appointments per GP per week = 115
- 115 appointments at 15 minutes each = 28.75 hours
- 115 appointments over 9 sessions is 13 face to face per session
- 13 appointments at 15 minutes each gives a clinic session of 3.2 hours. (BMA contract suggests nine sessions of 3.5 hours).

The GPC says there is an argument that 115 appointments per week should be considered to be the quantified commissioned activity of an NHS GP. 'This figure also brings the daily face to face total down to below 25, which has been proposed as a sustainable level of activity when looking at European comparators'.

These hours only refers to direct patient contact and take no account of other work such as dealing with test results, letters, referrals, other administration, audits, practice development, and travelling to home visits.

The report is part of the BMA's Urgent Prescription for General Practice campaign, which the Government last week confirmed it recognised as a basis for talks on the future of the GP services in England. The GPC says ensuring enough GPs are recruited is key to making its proposals work.

Funding

GP practices should consider looking at new models of organisation, says the GPC, such as organising into 'primary care hubs' based on best practice from elsewhere in the UK where practices pool resources and services.

In England, the GP Forward View commits to the commissioning and funding of services to provide extra primary care capacity across the country, backed by over £500m of recurrent funding by 2020-21. It also commits to a £171m one-off investment by CCGs from 2017-18 for practice transformational support.

Says the GPC: 'Recurrent funding is essential if hubs are to establish a permanent workforce and provide sustainable support.

'Funding is also available to localities through the national Sustainability and Transformation Fund, which will prioritise initiatives such as the spread of new care models and improving primary care access and infrastructure.

'Centred on the support of local practices, hubs will form an integral part of a new model of primary care, and resources must therefore be channelled through individual practices. This could take the form of a 'locality payment', which, with the agreement of commissioners, would be paid to practices, but available only for the purposes of running the locality hub.'

GPC executive team member Dr Brian Balmer said: 'Many GPs are being forced to truncate care into an inadequate time frame and deliver an unsafe number of consultations, seeing in some cases 40-60 patients a day. This is well above the 25 consultations per day which is the recommended level based on many other EU countries.

'We need a new approach that shakes up the way patients get their care from their local GP practice. The consultation time needs to increase to 15 minutes with the Government providing on its promised funding to make this work.

'As part of the package, more GPs must be put in front of patients so that the number of consultations per GP a day falls to a sustainable level. We need to learn from best practice and look at options, where appropriate, for organising GP practices into hubs, where knowledge and resources can be shared.'

[Top of page](#)



Keith Miller

Keith joined Albert Goodman in 2006 from a local Somerset firm of Accountants where, having qualified as a Chartered Accountant in 1988, he had been a Partner since 1990. He recently went on to achieve further success becoming a Certified Financial Planner in 2006.

Although best described as a General Practitioner, providing financial and taxation advice to an expanding portfolio of high net worth individuals, limited companies, sole traders and partnerships, Keith specialises in assisting medical practices and solicitors on all aspects of financial and taxation advice. He leads our GP medical team and is a member of AISMA, the Association of Independent Specialist Medical Accountants.

As a qualified Certified Financial Planner, he is ideally suited to obtaining a detailed understanding of the issues facing proprietors and their personal objectives in order to make a key contribution on strategic and tax issues, as well as dealing with the very complex areas of Capital Gains Tax and Inheritance Tax planning

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

www.albertgoodman.co.uk