

**PRACTICE NEWS
OCTOBER 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.

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4 IN 10 DOCTORS ‘PLAN TO PRACTISE OVERSEAS’

Nearly half of doctors in the UK are looking to move overseas as their current experience of being a doctor is worse than they expected when they graduated, according to a new BMA study.

The BMA Cohort Doctor report is a 10 year study of 430 doctors who, nine years post-graduation, are mostly progressing through specialty training or are working as qualified GPs.

The report provides insights into career choice and working environments in terms of workplace morale, work related stress and work-life balance. The report is the tenth, and final, report.

Findings of the report show:

- 42 per cent of cohort doctors indicated that their current experience as a doctor was worse than they expected when they graduated
- 42 per cent of cohort doctors plan to practise overseas, a slight increase on previous years, with 10 per cent having applied for a certificate of good standing with a view to working abroad. Compared to previous points in their careers, the majority stated that they are now more likely to consider working overseas or leaving medicine, but are less likely to consider changing their specialty
- The proportion of doctors stating that their current levels of morale are worse than each previous point in time (foundation training, specialty training, one year ago) is consistently greater than the proportion who state that it is now better
- 16 per cent of doctors took a break from medicine – an increase in proportion from last year
- The biggest causes of stress were work-life balance responsibilities, a shortage of doctors and high levels of paperwork
- The past four surveys have seen a deterioration in perceptions of working atmosphere, working conditions, pace and intensity of work and complexity of work.

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RCGP SAYS HOME DOCTOR RECRUITMENT MUST BENEFIT GENERAL PRACTICE

RCGP chair Prof Maureen Baker has called on the Government to recognise the need for GPs when the NHS begins its recruitment drive of home grown doctors, announced today.

Responding to Health Secretary Jeremy Hunt’s pledge to increase medical school placements, made at the Conservative party conference, she said: ‘We need thousands more doctors, we need thousands more GPs, and it’s important that we maximise the home grown talent and potential we have so that our NHS has enough doctors to deliver the excellent patient care it is world-renowned for.’

She added: ‘Increasing the numbers of medical school places available is a positive step and we look forward to receiving more details about how this will work; for example, whether these extra places will be in existing medical schools, or whether new medical schools will be established.

‘We also need assurances that any initiatives to boost the number of doctors – home grown or not – in the NHS recognises that GPs and our teams make 90% of all NHS patient contacts, and that measures are in place to ensure sufficient numbers of the new workforce enter a career in general practice, so that we have a more balanced split between generalists and specialists in medicine.’

Prof Baker said the NHS currently relied on the skills and hard work of thousands of workers from overseas – not just doctors – and Britain was incredibly grateful for the work they did.

But the NHS needed to be mindful that it was not taking doctors and other healthcare professionals away from other parts of the world, where they are equally or more needed.

‘Research has shown that over the last seven years our workload has risen by 16%, yet the number of GPs has risen

nowhere near in step. NHS England's GP Forward View pledges 5,000 more GPs by 2020, and we need initiatives to recruit more GPs, retain existing GPs, and make it easier for trained GPs to return to the workforce after a career break or period working abroad, to be implemented as a matter of urgency.'

Danny Mortimer, chief executive at NHS Employers, said: 'Employers will welcome this significant investment to boost the number of training places for doctors. This should help address the challenges we face in filling rotas in many areas and support the longer term transformation of our services.'

'Mr Hunt quite rightly acknowledges the vital contribution EU staff make to the health and social care sectors. We look forward to greater certainty for these hugely valued colleagues.'

The BMA said it was welcome that Jeremy Hunt had finally admitted the Government had failed to train enough doctors to meet rising demand but it claimed his announcement fell short of what was needed.

Council chair Dr Mark Porter said: 'We desperately need more doctors, particularly with the government plans for further seven-day services, but it will take a decade for extra places at medical school to produce more doctors. This initiative will not stop the NHS from needing to recruit overseas staff. International doctors bring great skill and expertise to the NHS. Without them, our health service would not be able to cope.'

He urged the Government to tackle the root causes of the workforce crisis and the reasons why so many UK-trained doctors were considering leaving the NHS.

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CCGS HEADING FOR £33M UNDERSPEND SAYS RCGP

RCGP analysis of CCG budgets today reveals they are on track to underspend their funding allocation on general practice by £33m in the current financial year

It warned that GPs were facing a 'double whammy' of losing £33m in funding this year, and up to £760m in 2020 – despite Government plans to save general practice

RCGP chair Dr Maureen Baker will later today address the organisation's Annual Primary Care Conference in Harrogate.

Dr Baker will say that College analysis of CCG budgets, published last month, reveals that they are on track to underspend their funding allocation on general practice by £33m in the current financial year.

She will also say that College research has found that few of the 44 new Sustainability and Transformation Footprints (known as STPs) – whose work the College has so far seen and been able to assess – have drawn up plans to boost investment in general practice.

This is despite government pledges to shift resources into the family doctor service, and NHS England guidance that STPs should now be drawing up plans to invest up to £760m of new money into general practice in 2020/21, using the national Sustainability and Transformation Fund – which is currently spent centrally but is set to be shifted to STPs by 2020/21

The 'double whammy' of lost funding being faced by general practice comes despite the fact that the Government published a new strategy to save general practice in England – called the General Practice Forward View – just six months ago.

In the foreword to the General Practice Forward View, NHS England Chief Executive Simon Stevens says: "There is arguably no more important job in modern Britain than that of the family doctor...If general practice fails the whole of the NHS fails."

The College has strongly supported the formation of the STPs as a critically important new initiative in the NHS that can function as regional engine rooms for a more collaborative approach to shaping services and dealing with challenges, such as the huge increase in multiple long-term conditions within the patient population nationwide.

However, it is concerned about the way in which they are being rolled out; their failure to engage with general practice – which provides around 90% of all NHS patient contacts in each region – and their failure to draw up plans to boost investment in the family doctor service.

In her speech, Dr Baker will warn that the STPs are currently focused on acute trust deficits.

She will say that unless STPs change tack as a matter of urgency to include the perspective of general practice, NHS England should make it clear that it will not transfer responsibility for the spending of the Sustainability and Transformation Fund allocations to non-compliant STPs.

NHS England has recommended that the 44 STPs spend between 15-20% of the Transformation and Sustainability Fund in each region on primary care and general practice services in 2020/21.

If all STPs earmarked 20% of the Sustainability and Transformation Fund budget for primary care and general practice in each region in the 2020/21 financial year this would equate to £760m.

While the College strongly supports STPs, it is concerned that some GPs are reporting that they are being pushed out of the process – including many official RCGP representatives.

The fact that the STP plans have made very little provision for general practice has prompted concerns that they will be focussed on acute trust deficits, even though the Government and NHS England have pledged to shift resources into general practice.

The College estimates that general practice conducts 90% of the NHS patient contacts for less than 9% of the NHS budget and, across the UK, sees 1.3m patients each day, with the service's workload having increased by 16% over the last seven years.

At the conference, Dr Baker will call on NHS England Chief Executive Simon Stevens to place all STP plans in the public domain and withhold funding from STPs if they do not appropriately draw up plans to increase investment into general practice from the Sustainability and Transformation Fund in each region.

She will say: "The College has strongly supported the formation of the STPs as a critically important new initiative in the NHS that can function as regional engine rooms for a more collaborative approach to shaping services and dealing with challenges, such as the huge increase in multiple long-term conditions within the patient population nationwide.

"The STPs will play a crucial role in shaping the future development of the NHS over the next five years. However, strengthening general practice should be at the heart of what they are about.

"But in many areas RCGP local representatives are struggling against an agenda that is focused on plugging ever increasing hospital deficits.

"This is a false vision which may seem to offer short term gain, but if general practice isn't supported then there is no system transformation and we will very quickly be back where we started.

"Let us not allow this to happen on our watch. The general practice perspective must be fed in to any 'health system' transformation.

"Let us galvanise our colleagues, our patients and our communities to stand up for general practice in our localities, so that it can remain the foundation stone of the NHS."

She will add: "Based on the limited information about STPs that has been published, very few contain specific pledges to earmark extra funding for general practice. Some barely acknowledge general practice at all.

"If STP plans fail to deliver the funding for general practice – from the Sustainability and Transformation Fund – then the family doctor service stands to lose up to £760m in 2020/21.

"So, I call on Simon Stevens to require all STPs to publish their financial plans, and to make crystal clear that unless they commit to invest more in general practice, through the Sustainability and Transformation Fund, their plans will be rejected and responsibility for the Fund regionally will be withheld from the non-compliant STPs."

On the issue of the emerging CCG underspends, which relates to the new delegated and co-commissioning budget lines (which have come over to most CCGs as a result of NHS England giving them more responsibility for commissioning services from general practice), Dr Baker, will say: “There is a need for strong leadership from Clinical Commissioning Groups too.

“The College’s latest analysis of local commissioning spend by CCGs reveals that, by the end of 2016/17, they are on course to underspend by more than £30m on general practice.

“This is not loose change down the back of a sofa. It is double what NHS England plan to spend on resilience teams this year and is the same as the amount that is due to be spent on tackling the problem of indemnity. It is real money that could make a real difference. The failure to spend money earmarked for general practice on general practice is a national disgrace.

‘And it is high time that CCGs realised that general practice is a vital component of the local healthcare system – not a fringe activity that can be used as a way trimming the fat from their budgets! We’ll be contacting CCGs straight after conference to tell them to utilise their budgets as they are meant to be used – to provide better support to local GPs.’

Addressing delegates, Dr Baker will also reiterate the importance of urgently implementing the General Practice Forward View.

Dr Baker will say: ‘The promises in the General Practice Forward View may be there, but right now the pressures that general practice is under are so great, that it can be hard to believe the vision of a well-funded general practice service at the centre of the NHS is achievable – it mustn’t just be a pipe dream.’

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FINANCIAL WORRIES A KEY CONTRIBUTOR TO GP STRESS

Financial concerns among GPs – such as a large amount of debt to train and then set up in practice, is one of the common trigger points leading to doctors’ stress, according to a new guide.

Others to look out for are:

- Emotional toll resulting from the high level of interaction with patients and staff
- An under-staffed surgery
- Unsociable and long hours resulting in sleep deprivation
- Lack of support at work, and
- Expectations of the NHS and patients.

The guide identifies financial worries, with many GP practices struggling, as a key stress.

Others are increasing workload, demand and expectations, fear of making a mistake and of litigation, constant scrutiny, review and inspection, perceived hostile comments from politicians and the press, recruitment difficulties and isolation as increased workload reduces contact time within the team.

The guide is for GPs seeking help with stress and pressure at work, has been released by the Royal Medical Benevolent Fund (RMBF) with support from NHS England.

The Vital Signs in Primary Care sets out the key stress and pressure points to watch out for as a GP and GP trainee. The free downloadable guide provides practical advice, and signposts support and resources for those experiencing stress and difficulty.

The guide is an expanded, GP-specific update of The Vital Signs, released earlier this year as part of the RMBF’s successful What’s Up Doc? campaign, which highlighted the increasing pressure and scrutiny faced by doctors across the UK.

Steve Crone, RMBF chief executive, said: ‘Doctors experience stress at work just like everyone else, but we know

that many are afraid or unwilling to seek help. With this guide, we want to provide useful advice and information, but also to break the stigma associated with seeking support, and encourage doctors to come forward when they are facing stress and pressure in the workplace.'

The guide is authored by Dr Richard Stevens, acting assistant director at Thames Valley Professional Support Unit.

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GPS HIT BACK AT 'LET PRACTICES WITHER' STORY

The BMA has condemned claims in reports today of funding delays for vulnerable GP practices and comments by a senior NHS manager that some practices should be allowed to 'wither away' and close.

According to a BBC report, a letter sent by Paul Twomey, medical director of the NHS England North Yorkshire and Humber area team, to local GPs and health officials in August, stated:

'The message we need to communicate to general practice is the GP Practice Forward View must be about transformation and in that sense is not like a pilot.'

The report added: 'He goes on to express his belief that local health leaders will understand that "vulnerable practices must either transform and deliver a quality service or be allowed to fail and wither by the system. We are no longer in a position to continue supporting practices irrespective of their willingness or ability as a provider to transform appropriately.'"

GPC deputy chair Dr Richard Vautrey responded: 'The entire basis for the practice resilience scheme was to provide immediate support to the hundreds of GP practices across England which are facing closure because of rising demand, staff shortages and falling budgets.

'The BMA lobbied intensely and successfully for this funding because there is a real prospect that patients in some areas will be left without access to local GP care.

'It is unacceptable that there now appears to be delays in delivering this crucial funding and that some managers seems to believe that GP practices can be left to close. The term transformation seems to be taking on Orwellian tones when used by a senior NHS manager in a leaked letter published by the BBC today that suggests practices should be allowed to close.

'There are many practices who were previously performing well and valued by their patients, but are now vulnerable because of spiralling workload and recruitment problems beyond their control.

'These services are not trivial: they provide vital care to families, older people and the vulnerable as the lynchpin of the NHS in the community. The Government needs to deliver this funding immediately and deter a mind-set amongst managers that some GP practices can be allowed to disappear.'

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GPS MAINTAINING HIGH QUALITY DESPITE PRESSURES

The GPC has paid tribute to practices' CQC achievements despite their financial pressures.

GPC deputy chair Dr Richard Vautrey described it as 'a remarkable level of achievement' that nearly 90 per cent of practices have been rated as good or outstanding.

He said: 'This does show that despite rising levels of demand, contracting budgets and staff shortages, GPs are continuing to put their patients first and work harder than ever before to give them a first rate service.'

Dr Vautrey said practices judged as needing improvement fell into this category for a number of reasons and most would already have taken steps to make the necessary improvements suggested by CQC.

‘No practice that delivers care in an unfit manner would be allowed to remain open. Instead of demonising those practices that are struggling, we do need to ensure that every local GP service is given enough resources and staff so it can meet public demand. This is needed more than ever given we are in a difficult climate where 300 GP practices recently told the BMA they were considering closure because they were no longer financially viable.’

In its annual assessment of the quality of health and adult social care in England, the CQC has found that despite challenging circumstances, as at 31 July 2016:

- 83% of the GP practices inspected were ‘good’ and 4% were ‘outstanding’; and
- 51% of the core services provided by NHS acute hospital trusts were ‘good’ and 5% were ‘outstanding’.
- 3% of GP practices and 5% of hospital core services were rated ‘inadequate’.

Around three-quarters (76%) of NHS services, care homes, general practices and other services that had been rated as ‘inadequate’ by CQC were able to improve their ratings following re-inspection. 23% went from ‘inadequate’ to ‘good’ and 53% went from ‘inadequate’ to ‘requires improvement’.

CQC chair Peter Wyman said: ‘We know that tough financial conditions are having an impact on providers. But the focus on the financial problems of the NHS has to some extent masked other issues – reduced access to adult social care and vacancies in primary medical services have led to increased demand in secondary care, which is often not in the best interests of people while generally being considerably more costly.’

‘Our evidence suggests that finance and quality are not necessarily opposing demands; many providers are continuing to deliver good quality care within the resources available by beginning to transform the way they work through collaboration with other services and sectors. Leaders now need to think outside traditional organisational boundaries – no amount of money will be able to support the system if this doesn’t happen.’

The CQC said the challenge for primary medical services was to consider what responses to increasingly difficult conditions would maintain quality.

‘There has been more evidence of collaboration in primary care, while general practices have formed new models of care, including joining together in federations, involving people who use their services in their conversations from an early stage’, it said.

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LORDS TO QUIZ NHS CHIEFS OVER FUNDING ‘CRISIS’

So is there a health funding crisis?

Next week The House of Lords Committee on the Long-Term Sustainability of the NHS will quiz health service bosses in their quest to get to the bottom of it

They will be taking evidence from witnesses including Stephen Dorrell, chair of the NHS Confederation and Sir Andrew Dilnot, who chaired the influential Dilnot Commission on funding social care.

The Committee is continuing its inquiry into the long-term sustainability of the NHS with two evidence sessions exploring current funding issues and the potential to combine health and social care budgets.

The evidence sessions will start at 10:05am on Tuesday 18 October at the House of Lords. The witnesses are Mr Chris Hopson, chief executive, NHS Providers; Ms Margaret Willcox, vice-president, Adass; Stephen Dorrell, chair, NHS Confederation; Dame Kate Barker, chair, Commission on the Future of Health and Social Care in England; Sir Andrew Dilnot; Prof Julian Forder, associate research fellow, Personal Social Services Research Unit, London School of Economics.

In the first session the Committee will explore Mr Hopson’s and Mr Dorrell’s recent criticism of the Government’s approach to NHS funding. They will also ask what solutions the witnesses would propose to tackle funding shortages in both health and social care services

The second session will focus on the potential for greater integration between health and social care services including the possibility of combined budgets and savings that could be achieved.

The Committee will also explore how the NHS and social care services should be supported to meet the likely increase in demand for social care due to demographic changes.

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NATIONAL GP FEDERATION SHOWCASE – NOVEMBER 29, YORK

A national conference being organised in York next month aims to help GPs and federations plot a course through the many challenges they face.

The National GP Federation Showcase, at the Royal York Hotel on November 29, is being organised by law firm Ward Hadaway, accountants BW Medical and consultancy Scott McKenzie.

Around 600 practices are at risk of closure by 2020 due to problems recruiting GPs, the RCGP has warned. At the same time the number of GPs needed to staff out-of-hours rotas needs to rise by a third to help meet increasing demands in urgent care.

Alison Oliver, associate in the commercial team at Ward Hadaway, said: 'This conference aims to help suggest ways forward for practices as they grapple with the myriad demands of 21st century healthcare.

'As professionals who work with GPs day in and day out, we know what pressures they are facing so we have designed the event to help address those issues and enable GPs and practice managers to look at how others have gone about solving the problems they have to deal with.'

The showcase will hear from a range of speakers on the challenges facing GPs, including some of the leading figures in their fields, and will be chaired by Dr James Kingsland.

The theme of this year's event, which follows on from the successful inaugural showcase in 2015, will be 'working at scale' with attendees finding out what is involved in GP federations, how they operate and how they can help meet the challenges of practice life.

Scott McKenzie, who provided consultancy services to support the development of nearly 30 GP federations, said: 'The question which we want to address with this event is 'what does the future of general practice look like?' because it is becoming increasingly apparent that 'business as usual' is not working.

I work with practices right across the country and I don't think there is any part of the country where there are GP practices which are not facing up to very serious issues.

'The National GP Federation Showcase aims to allow GPs and practice managers to hear from the doers, not the talkers – we have lined up people who have carried out major changes in their practices and federations who will outline what they have done, why they have done it and what the results have been.

'Hopefully this will give information and support to their fellow GPs who are considering working collaboratively but are unsure of how to progress or what issues they will face.'

Confirmed speakers for the event include Dr Sohail Munshi, chair of Manchester Primary Care Partnership; Dr Peter Swinyard, chairman of the Family Doctor Association, and Dr Mike Holmes, clinical lead for the RCGP's Supporting Federations programme.

The event is also being supported by Lloyds Bank whose head of healthcare Ian Crompton will speak at the event.

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NEW FINANCIAL SUPPORT FOR GPs

Nearly 300 GP practices in England are to benefit this year from NHS England's Estates and Technology Transformation Fund.

The Fund is a multi-million pound 'investment boost' in GP premises and technology, to improve and expand out of hospital care for patients, a key commitment set out in the General Practice Forward View.

The handout is subject to passing a set of due diligence checks.

NHS England said the latest initiative followed 560 schemes that had already now been completed and 316 schemes more in the process of completion.

Some larger scale schemes are also planned for completion in future years.

MORE MONEY ALSO FOR...

Money is also being made available for the first stage of delivery of expanded psychological therapies in primary care for patients with long term conditions including diabetes or COPD.

NHS England said this was to kick start the commitment to fund an extra 3,000 mental health therapists in GP practices. It has awarded £11m in 2016-17 and over £24m in 2017-18 to fund 30 CCGs to improve mental health care for patients with long term conditions through 22 different psychological therapies schemes.

They are expected to start seeing patients beginning within the next three months.

Many people with anxiety disorders or depression also have a long term condition like diabetes or COPD. A pilot showed that treating people's physical and mental health problems in an integrated way can lead to better outcomes improving both people's mental health and their management of their long term condition.

INDEMNITY COSTS SUPPORT

Also, a £5m scheme has been launched to support GPs with indemnity costs for working in GP out-of-hours services and unscheduled care services including NHS 111 to boost services during the busy winter period.

NHS England said: 'The scheme will cover the costs of personal professional indemnity for GPs wishing to undertake additional out of hours work up until March 2017, to give them the freedom to work sessions without having to pay additional indemnity costs.

'It meets a key commitment in the General Practice Forward View and is part of broader work to address the rising costs of indemnity, a growing concern in general practice in recent years.

- Midlands and East – investment in technology
- Midlands and East – investment in premises
- Midlands and East – new builds

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STORM BREWING OVER 75% CQC HIKE FOR GPS

A storm is brewing over CQC plans to increase GPs' inspection charges by 75% next year.

It proposed today:

Single location GPs

5,001 up to 10,000 registered patients: actual fee £2,574, proposed fee £4,526 .

Multiple location GPs

five locations: actual fee £9,518, proposed fee £16,736.

The CQC said in a report: 'Expected total costs to regulate the sector in 2017-18 are £37.5m and fees currently received stand at £21.3m, so we need to raise a further £16.2m in fees to bring the sector to full chargeable cost recovery.

'Their increase in 2016-17 was mitigated by the Department of Health making extra funding available.'

CQC chief executive David Behan said: 'We know that our work is leading to better care – providers tell us our reports help identify areas for improvement, and we regularly see improvements when we re-inspect.'

'Protecting the public in this way has a financial cost. The fees paid by providers enable us to fulfil our purpose of making sure health and social care services provide people with safe, effective, compassionate, high-quality care.'

He said the 'consultation' proposals followed the plans set out last year to continue to meet the Treasury's requirement to recover the CQC's chargeable costs in full from providers. The consultation runs until noon on 11 January 2017.

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CQC FEES RISE 'SCANDALOUS' SAY GPs

GPs' leaders have branded plans to increase CQC fees in England by as much as 75 per cent as 'scandalous'.

They warned the rise would rob patients of frontline care.

The new fee increases for GP practices was announced today as part of a wider review of the CQC's funding arrangements (see story on this website).

The burden falling on general practice of these changes will rise from £21.3m to £37.5m a year.

Dr Mark Sanford-Wood, BMA GP committee CQC lead, said: 'This is a scandalous proposed increase in fees that could see GP practices being charged an extortionate 75 per cent rise in their CQC costs.'

'While NHS England has promised to reimburse GP practices for the increase in fees, it nevertheless will divert overstretched NHS funds from other budgets from frontline patient services to maintain a system of regulation and inspection in which the majority of GPs have little confidence.'

'A recent BMA survey found that nine out of ten GPs felt the current inspection scheme was flawed and bureaucratic, with the vast majority reporting that it diverts GPs, nurses and other staff away from treating patients.'

He said the CQC was planning to significantly reduce the scale of its GP inspections so that should lower the cost of regulation. 'This makes the proposal to increase its fees inexplicable and wholly unjustified.'

'These increases need to be halted so that precious NHS resources are spent on providing care to patients and not feeding the bureaucracy of the current regulation and inspection programme.'

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TOO MUCH POOR CARE IN GENERAL PRACTICE, CLAIMS CQC

The CQC's chief inspector of general practice has claimed that too many GP surgeries are still falling short of giving a quality service.

Prof Steve Field said inspectors 'still see evidence of too much poor care.'

He said since the CQC began inspecting GP practices in October 2014 it had found over 200 practices to be 'inadequate' – the lowest CQC rating.

'While this is a minority, this still amounts to over half a million patients in England who were not receiving the basic standards of care that they should be able to expect from their GP practice.'

But he added that the CQC had increasingly found that most practices placed in special measures did use the support on offer to meet higher standards.

In the past week, CQC has published a further 91 reports on the quality of care provided by GP practices that have been inspected by teams of inspectors.

Under CQC's new inspection programme, all of England's GP practices are being given a rating according to whether they are safe, effective, caring, responsive and well led.

62 practices were 'good', 12 required improvement, three were outstanding and eight were 'inadequate'. Six reports were focused inspections which are not rated.

The total number of practices rated 'outstanding' is now 219.

The total number of practices that have exited special measures is now 82.

Former GP Prof Field claimed inspections were driving improvement: '90% of practices that we have re-inspected have improved since last October. Through their hard work and dedication, practices are making positive changes to the care they deliver.'

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FEARS OVER 'FORWARD VIEW' FINANCES

The absence of ring-fenced funding for investing in new services could jeopardise plans to improve patient care outlined in the NHS Five Year Forward view (Forward View), according to a new report out today (Thursday)

£2.1 billion has been allocated this year to a Sustainability and Transformation Fund (STF), which ministers said would enable the NHS to transform services and meet the ambitions set out in the Forward View.

But health pressure group The Kings Fund says £1.8 billion of this funding is being used to reduce deficits among NHS providers, leaving just £300m to invest in new services this year.

New guidance published by NHS England states that £1.8 billion has also been set aside to cover deficits in 2017-18 and 2018-19, leaving little to invest in transforming services.

The King's Fund's report warns that this could put the plans outlined in the Forward View at risk. It argues that most progress in implementing the Forward View has been made in the new care models programme, in work on sustainability and transformation plans, and in plans to devolve more responsibility to public sector leaders in Greater Manchester.

But with two out of the five years covered by the Forward View already elapsed, much remains to be done to align national policies with the improvements in care it is seeking to bring about.

Says The Kings Fund: 'More rapid progress is needed in the development of payment systems to support new care models, such as capitated budgets, in the regulation of care systems as well as organisations, and in the use of contracts to support primary and acute systems and multispecialty community providers.'

'The law on procurement and tendering also needs to be clarified to avoid unnecessary delays and cost in implementing new care models.'

Its report argues that national leaders must allow time for the changes outlined in the Forward View to become established, with a continuing emphasis on these changes being led from within the NHS rather than being imposed top down.

Chief executive Chris Ham said: 'The future of the NHS depends on being able to implement the changes outlined in the Forward View.'

'New care models hold out the prospect of moderating rising levels of demand, including through better integration of health and social care and more investment in community services to provide alternatives to care in hospitals or care homes. These models are still under development, but the most advanced hold out real promise.'

'The challenge is that developing new care models requires investment, which is currently in short supply, as well as time. National leaders should hold their nerve, continue to support innovations now well under way, and work to remove legislative and policy barriers to progress.'

'By ring-fencing £1.8 billion for the next two years to reduce deficits, national NHS bodies are effectively leaving the NHS without the investment needed to deliver the transformation of services set out in the Forward View.'

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GMC CONCERN OVER DOCTORS' 'STATE OF UNEASE'

The GMC has raised concerns at a 'state of unease' exists within the medical profession as services throughout the UK come under increased pressure.

Its warning that systems of healthcare and the health professionals working within them are struggling to cope with a range of issues – including the impact of health services under pressure and fragile social care services – appears in its annual report on The state of medical education and practice in the UK, published today (Thursday).

In their overview to this year's report, GMC chair Prof Terence Stephenson and chief executive Niall Dickson highlight:

- a growing pressure on doctors
- a 'dangerous level of alienation' felt by doctors in training
- the impact which struggling healthcare services are having on doctors' education and training.

Their introduction to the report says: 'There is a state of unease within the medical profession across the UK that risks affecting patients as well as doctors. The reasons for this are complex and multifactorial, and some are longstanding. Yet the signals of distress are unmistakable.'

'There appears to be a general acceptance that the system cannot simply go on as before. Everyone wants a health service that is efficient, effective and compassionate. We all want staff to practise in an environment that helps them provide an excellent standard of care and where they are able to raise concerns and are valued for their skills.'

The report makes clear the GMC has a role to play in addressing the 'state of unease' – by making regulation as 'light touch as possible', reassuring trainees that they are valued doctors, and addressing the anger and frustration which has built up during the ongoing dispute in England between the BMA's Junior Doctors' Committee and the Government.

The report says: 'There are a host of underlying non-contractual issues, some of them long standing, that have helped to create this dangerous level of alienation among the next generation of medical leaders. This should worry not just those of us close to the medical profession, but everyone concerned with the future of our healthcare system.'

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NOW HEALTH SELECT COMMITTEE EXPRESSES FEARS OVER NHS FINANCES

Health Select Committee chair Dr Sarah Wollaston has written to the Chancellor of the Exchequer expressing concern about NHS finances.

The letter, signed by other Committee members, follows oral evidence sessions on Department of Health and NHS finances held by the Committee earlier this month.

It asks three questions of Mr Philip Hammond ahead of the Autumn Statement:

- Will the Government support the long-term sustainability of the NHS by making available the further capital resources required for the success of the Sustainability and Transformation Plan process?
- Will the Government address the crisis in social care provision 'which is impacting so severely both on vulnerable people who require care', and on NHS services for the wider population?
- Will the Government look again at the NHS funding settlement for the middle years of the Spending Review, and commit to ensuring that the health service has the resources which it needs to meet the rising demands upon it?

The letter expresses the hope that the Chancellor will meet Dr Wollaston to discuss the Government's response to the letter before the Autumn Statement is made.

According to the Health Select Committee, the Government is incorrect to keep claiming it is allocating an extra £10bn to the NHS in England over the next five years.

Dr Mark Porter, BMA chair of council, said doctors had been urging the Government to be honest about NHS funding for some time and its calls were now being echoed by experts and interested parties from all sides of the political landscape.

He added: The Prime Minister and Chancellor need to explain how exactly the NHS will keep up with rising demand without the necessary investment. Theresa May talks about injecting £10bn into the NHS, yet in reality the increase in health spending is less than half of that.'

Healthcare commentator Richard Murray, director of policy at The King's Fund, said the most urgent priority for the Autumn Statement was to increase funding for social care.

'The members of the Health Committee are right to highlight the huge financial pressures facing the NHS, especially later in the Parliament when funding will barely increase in real terms. It is no longer credible to argue that the NHS can continue to meet demand for services and deliver current standards of care at the same time as staying within its budget.

'Cutting the capital budget reduces the NHS's ability to invest in much-needed buildings and equipment, and simply stores up problems for the future.'

He believed the committee was right to point out that spending on health was increasing by much less than the Government has claimed, and that important areas of health spending were being cut to increase NHS England's budget.

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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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