



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 and he will be delighted to get in touch for an informal chat.

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Swine flu set to save MPIG's bacon

26/11/2009

GPC negotiators have confirmed there will be little change in the GP pay structure for the year beginning April 2010, thanks to the outbreak of swine flu.

There will only be what are called 'minimal' changes so that doctors and their teams are released to cope with the expected flu-related workload.

Negotiations between doctors' leaders and NHS Employers for the next financial year are now nearly over, the GPC told LMCs.

Further details are due in the next few weeks.

But GPC negotiators have also been busy putting in more supplementary evidence to the Doctors' and Dentists' Review Body, which will recommend the GPs' and hospital doctors' pay award to the Government next year.

Doctors and NHS bosses had aimed to agree on how any increase could be applied, and then submit joint evidence.

But GPC negotiators said they decided that they could only agree to a differential uplift if no practice would lose out in real terms.

'In the current economic climate, where any DDRB award is likely to be small, a ratio approach like that used this year would damage some practices while taking very few off MPIG', they explained.

'We did offer to negotiate a differential distribution of any award over and above that required to meet practice expenses, but the health departments declined this offer'.

As a result, the GPC, NHS Employers and the health departments have all submitted separate supplementary evidence to the pay board.

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BMA defends its salaried GP record

11/11/2009

The BMA has fought back against criticism that it does not represent salaried GPs by publishing details of instances where it has helped them improve their pay.

In one case a salaried GP, disgruntled at being paid less than the Review Body's recommended levels, had his pay increased after intervention by an association industrial relations officer who went to see the practice. After a formal meeting, the doctor was also given the BMA's model contract.

Another salaried doctor, cited by the BMA, was made redundant but the practice argued he should provide holiday cover before he left. He won an enhanced redundancy package after a BMA employment adviser intervened.

In another case a new employer backed down following intervention by the association. The employer had tried to cut the salaried GP's pay after a TUPE transfer. The doctor also got back-pay.

The association, which is currently reviewing salaried GPs' representation, has published a strong defence of its negotiating record in the latest edition of its magazine BMA News.

Regional services manager Jill O'Regan says the BMA has always been able to represent employer GPs and the doctors they employ.

And she said the BMA now had a completely separate team of advisers for doctors who were employees. This had been done to 'reinforce and give even greater credibility' to the process.

The BMA is running a conference for sessional GPs on 13 November in London to show how they can market themselves and plan their career development.

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Consultants' leader's questions over personal health budgets

10/11/2009

NHS plans to bring in direct budgets for patients have been called in to question by the BMA's consultants' leader.

Dr Mark Porter said the personal health budget pilots should not be taken further before an evidence base was established.

He said: 'A range of questions need to be addressed:

'If a patient's budget runs out, would they be allowed to access it in subsequent years?

'If a patient spends less than their allocated budget, would they be encouraged to spend the remaining balance or would the money be returned to the NHS pot?

'How will care be priced?'

Dr Porter, chairman of the Central Consultants and Specialist Committee, warned that personal health budgets could potentially undermine some of the NHS's fundamental principles.

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GPs and practice managers urged to get staff ISA-checked

12/11/2009

Doctors and their practice managers are being advised by a defence body to get their practice staff ISA-checked.

A new body called the Independent Safeguarding Authority (ISA) came into force last month which now handles the process for checking employees who work with children and vulnerable adults these groups in England, Wales and Northern Ireland (previously carried out by the Criminal Records Bureau).

The new rules require those involved in 'regulated activity' to be checked and the Medical and Dental Defence Union of Scotland advises that this includes general medical practice as the ISA definition is 'activity involving contact with children or vulnerable adults and is of a specified nature (such as medical treatment) on a frequent intensive or overnight basis.'

Dr Gail Gilmartin, a senior medico-legal adviser at the union, said: 'We advise all our members to comply with the revised regulations, and ensure that all employees are appropriately checked. Employers who do not ensure that their employees are ISA-checked face tough penalties as it is now a criminal offence for individuals barred by the ISA to work or apply to work in a GP practice where they would come into contact with children and vulnerable adults.'

Rules of the new scheme say that it is the responsibility of the employer to check the status of potential employees, and in due course, existing employees.

From the launch of the new scheme last month, employers now have a duty to start referring information to the ISA about their employees that could pose a threat.

New employees and those changing jobs in regulated activity do not need to start applying for ISA-registration until July 2010 and ISA-registration does not become mandatory for these workers until November 2010. All other staff will be phased into the scheme from 2011.

In Scotland the existing rules – from the regulatory body Disclosure Scotland – currently remain unchanged with employees working with patients requiring enhanced disclosure status.

But, a new system called the Protecting Vulnerable Groups Scheme is being introduced in 2010 and will be similar to the ISA scheme south of the border.

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GPs could see improvements in reimbursement of premises borrowing costs

18/10/2009

GPs negotiating premises reimbursement costs have been advised by the Department of Health that their PCTs can allow an uplift factor greater than the 1% above base rate stated in Direction 38 of the Premises Cost Directions 2004. The advice follows a call made by AISMA for the prescribed percentage that PCTs will reimburse to be increased to reflect the recent steep rises in bank lending charges.

In April this year AISMA Chairman David Clough wrote to the BMA's General Practitioner's Committee asking for the issue to be brought to the attention of the Department of Health. In a response to the BMA, the Department's spokesperson said that, since the current economic climate was not envisaged when the Directions were published and that any revisions will take time, PCTs "may have regard to Direction 6 which would allow an uplift factor to be used commensurate with that being reasonably applied by lenders".

Executive Committee member Luke Bennett said: "In the present market conditions GPs are unable to borrow from banks at 1% over base rate and face interest charges of anything from 2% to 4% over base, depending on their lender and financial track record. Yet PCTs continue to reimburse only at the 1% stated in Direction 38." He continued: "This advice from the Department of Health should put GPs in a stronger position when negotiating with their PCTs."

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GPs warned to cough up quicker

26/11/2009

Family doctors have been warned to speed up their payments to locums.

Late paying GP practices are hitting their locums' pensions, the GPC has complained.

It has told LMCs: 'In order for locum GPs' pension contributions to count towards the NHS pension, they should be paid within 10 weeks of the corresponding work being completed.

'It has been brought to our attention that some practices may not have been paying locum GPs within this 10 week period for work carried out in their practice, leading to locum GPs missing the contribution deadline'.

The GPC said it had looked into how this would affect locum GPs' pension contributions.

Some PCOs were stricter than others but they could certainly decide not to pension contributions sent outside of the 10-week limit.

It added: 'Although it is our view that locum GPs would not be forced to opt out of the NHS pension scheme as a whole in this circumstance, they would lose out on pension benefits for that specific piece of work'.

The GPC said it was important for practices to pay locum GPs within this timeframe, and preferably much earlier than that.

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PCT pilots set to lead on personal health budgets

18/11/2009

The new Health Act 2009 clears the way for pilot PCTs to determine best practice on the personal health budget agenda, according to a leading health and social care specialist.

Nadya Wolferstan, a partner with Hempsons lawyers, said that the Act - which received Royal Assent last week - would allow the 20 UK PCTs which had applied successfully to operate personal health budgets to begin direct payments to patients.

She said: 'Healthcare providers will watch the pilot programme with great interest as this will set the agenda for the sector. Direct payments for health provision will be far more complex than those currently operating in social care and Trusts will be breaking new ground in terms of who receives payment and how that care is delivered'.

Ms Wolferstan said the Act also placed a legal duty on Trusts to have regard for the rights and responsibilities of patients and staff enshrined within the NHS constitution and its handbook. In theory, this should be business as usual for health and social care managers, but they needed to ensure that all their teams are familiar with those rights and responsibilities contained within the NHS constitution

She added that Trusts would also be required to produce Quality Accounts of their service provision and be able to bid for prize budgets for innovation under the new Act.

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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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