



PRACTICE NEWS from Albert Goodman

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.

Thank you for taking the time to read this newsletter.

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Shocked GP 'gets back' thousands from NHSPA

A relieved ex-GP has escaped NHS Pensions Agency demands for repayment of thousands of pounds following intervention by the BMA.

The Association intervened after the NHSPA manually calculated a GP's earnings at £300,000 higher than they were.

It failed to realise this error until the recalculation of benefits following the Judicial Review victory.

BMA pensions committee chairman Dr Andrew Dearden said that by this time the doctor had received three estimates, all over inflated, and on the basis of these had chosen to take voluntary early retirement.

When she had been retired for 18 months the GP was shocked to receive a demand for an excess payment of nearly £20,000. BMA pensions experts took up the case and now the NHSPA has admitted the problem was entirely due to their administrative errors. The overpayment was waived in full.

Dr Dearden told the story when giving his annual report to the BMA's annual representative meeting. And he revealed that he was confident that another pension fiasco, the long-running issue of partners of deceased women doctors being denied survivor benefits in respect of service prior to 6 April 1988, could soon be over.

He said he was delighted to announce that an application for a judicial review of this discriminatory rule had now been entered with the full support of the BMA. 'We are currently awaiting the court's acceptance of our application but we are advised that this is likely to be a formality'.

The pensions committee expects this action will come to court in early 2011.

NHS PENSION SCHEME FUTURE

Dr Dearden then added his voice to doctors' concern at recent statements by the Government, and others, about the funding of public sector pensions and also the announcement that an independent commission will be set up to examine them in close detail.

He told the meeting: 'Having spent over five years negotiating and implementing a fair and sustainable model for the NHS pension scheme we are confident that we are well placed to continue in our defence of your pensions. We will continue to argue that we already pay a fair contribution for our pensions and that they are a vital tool in recruiting and retaining a quality medical work force in the NHS.'

'But if the coalition Government are determined to follow in the previous Government's footsteps and attempt to devalue public sector pension schemes, please be assured that we will fight as hard as we can, and as hard as we have done, protect our members and I know that I will have your full support in doing so'.

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Abandon purchaser provider split say NHS workers

An influential group of medical bodies has called for an end to the purchaser-provider split in the NHS in order to make 'substantial savings'.

The plea comes in a joint statement from Unison, the BMA, NHS Support Federation, NHS Consultants Association, Keep our NHS Public, and others.

They say the NHS would become both more cost-effective if it were operated on its founding principle of co-operation rather than competition.

The group want new mechanisms to allocate NHS funding more equitably and efficiently. Their document calls for funding to be allocated on the basis of population need rather than activity by trusts.

They say the present payment by results/tariff system is 'based upon narrowly defined episodes of care', can 'generate perverse incentives in patient referrals and does not encourage 'the pursuit of unmet need'.

They argue that there is a distinction between choice as a lever for competition, and choice as the capacity for patients to make informed decisions about their own care. And they claim that unfettered patient choice as it has so far been conceived in the NHS is not what most patients want.

BMA Council chairman Dr Hamish Meldrum said: 'Many of the reforms of recent years threaten to erode the principles of free access, care based on need, and risk-pooling. We need a democratically accountable, local approach to healthcare delivery, with funding based on the needs of patients, and providers encouraged to co-operate rather than compete.'

'At a time of real economic challenge to the NHS, our proposals will maximise the effective use of scarce resources and help to ensure that patients get the services they need. We urge the coalition Government to be true to their word and listen to the views of front-line health professionals.'

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Access targets go in revised NHS operating framework

Targets around access to primary care are being removed as part of a revised Operating Framework for the NHS.

The 18 weeks referral to treatment target is being deleted and the four hour A&E target threshold falls from 98% to 95%.

Health secretary Andrew Lansley said the NHS will begin to make immediate efficiency savings by tackling escalating management costs.

He said: 'NHS spending will increase, but so too will the demand on NHS services. In order to meet this demand, the NHS needs to make substantial savings and that is why I want to see immediate action this year to reduce management costs so that the savings made can be reinvested in NHS care for patients.'

'Management costs in Primary Care Trusts and Strategic Health Authorities have increased by over £1bn since 2002-3, with over £220m of the increase taking place during 2009-10.'

'Management costs now stand at £1.85bn and it's our intention that during 2010-11 we will remove all the management costs that have been additionally incurred during 2009-10, to get back to the level of 2008-09. Then in subsequent years, we will go beyond that, with a further £350m reduction in 2011-12'.

The overall reduction in management costs is said to be £850m by 2013-14, 'a 46% reduction on the 2009-10 management costs'.

Mr Lansley said he wanted to free the NHS from bureaucracy and targets that had no clinical justification and move to one which measures its performance on patient outcomes. 'Doctors will be free to focus on the outcomes that matter – providing quality patient care'.

He said the Government expected providers to continue to make improvements, for example on referral to treatment times, and to provide this information to patients themselves. This would drive choice and competition in the NHS.

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BMA seeks to help Doctors over Non-NHS fee issues

Non-NHS fees will be even more important for GPs in the future due to cuts in their health service pay, according to BMA professional fees committee chairman Dr John Canning.

He told the BMA's annual representative meeting that fees were not merely pay for doctors, they were vital in defraying expenses.

And he insisted that doctors should not accept the effective reduction of fees that static fees brought as expenses increased.

Dr Canning warned: 'The current economic climate is not easy for those of us who have a fee-based practice. More and more often we will face the retorts 'it's for a charity', 'we don't have a budget', 'it's part of your job' or 'we don't usually pay for that'. If you do the work you are entitled to a fee. Doctors deserve a professional reward for professional activity'.

He told the meeting in Brighton it was good practice to publicise fees.

Dr Canning said the Association of British Insurers had withdrawn from an agreement with the BMA on fees for insurance reports. 'They had advice that it was anticompetitive, but were not willing to share that advice. We sought senior counsel's advice and are convinced they are wrong. We have therefore updated the fees on the (BMA) website and will do so again'.

His comments came as his committee is trying to identify what work doctors are doing, how often and for whom. The results are being analysed but the preliminary findings show most doctors are doing some fee paid work and that there are a huge number of commissioners of these jobs.

Dr Canning said the BMA needed to analyse this further to assess trends and see how it could better assist members.

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Doctors seek to preserve pension's value

The BMA has said it will co-operate with the forthcoming pensions review, announced in last week's Budget. But it stressed that it wanted to protect the value of current and future pensions.

Chancellor George Osborne's plans to by-pass the doctors' review body by freezing public sector pay have not gone down well at BMA House.

Council chairman Dr Hamish Meldrum said: 'The public sector did not cause the financial crisis and should not be singled out as the main vehicle for dealing with it'.

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GP patients survey results

Just under seven in 10 (68%) of patients say they are either very satisfied or fairly satisfied with their ability to get through to their doctor's surgery on the phone.

The figures were released by the Department of Health today from Ipsos-MORI's 2009-10 GP Patient Survey.

Other results were:

- 80% of patients who tried to get a quick appointment with a GP said they were able to do so within 48 hours.
- 71% of patients who wanted to book ahead for an appointment with a GP reported that they were able to do so.
- 75% of patients who wanted to book an appointment with a particular doctor at their GP surgery said they were able to do so all of the time or a lot of the time.
- 81% of patients responded that they were either very satisfied or fairly satisfied with the hours their GP surgery was open.
- 90% of patients reported that they were either very satisfied or fairly satisfied with the overall care they receive at their surgery.
- 84% of people with a long-standing health problem, disability, or infirmity have had discussion with a doctor or nurse about how best to deal with their health problem.
- Of those who have had discussions about how best to deal with their health problem 88% felt that the doctor or nurse took notice of their views about dealing with their health problem, and 88% say they were given information on the things they might do to deal with their problem. 84% agreed with the doctor or nurse about how best to manage their health problem.

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GPs to get an NHS commissioning board

The Government is to create an NHS Commissioning Board to support GP consortia in their commissioning decisions.

Health Secretary Andrew Lansley told the NHS Confederation Conference in Liverpool that the body would be autonomous and 'free from day-to-day political interference'.

He said the Government wanted to give GPs control of commissioning, creating a direct relationship between the management of care and the management of resources.

Mr Lansley said a set of quality standards and indicators would drive commissioning and the payments system would need improving.

He told the meeting: 'If the peak of Everest is a payments system that supports precisely what the commissioners are looking for and that patients need on every occasion, then I'm afraid we're still at base camp.

'But with the Operating Framework we've set out our goal for the system – with benchmark pricing, able to be contracted along care pathways, crossing boundaries between primary and secondary care, focused on outcomes not episodes, and incentivised for quality.

'I want to see a system that rewards performance and is tough on poor quality – a payment system which works for clinicians and patients, rather than the other way round – a system which stimulates innovation'.

For an example of the sort of commissioning improvements he wanted to see, Mr Lansley mentioned a project in Birmingham where cancer units had agreed with their commissioners to introduce home delivery of chemotherapy, making for a better, more convenient service for patients.

The Health Secretary added: 'There are many other examples of this sort of innovation, but we need to see it happening systematically across the service. One of the virtues of the NHS is that it attracts and inspires some of the brightest minds from around the country and around the world. But our system has failed to make the most of this potential. We have to set the NHS free to innovate.'

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GPs warn over boundary change costs

The GPC is hoping to meet the Government to press home its fears about the expense of carrying out the current proposals to change practice boundaries.

Committee chairman Dr Laurence Buckman said the shake-up would come at a huge cost and additional bureaucracy.

He added: 'It doesn't seem sensible at a time when the NHS is being asked to make huge efficiency savings'.

Doctors say they are worried about the proposals to reform practice boundaries being put forward in the government's consultation, because they will damage patient care, particularly for the elderly, the infirm, vulnerable children and adults, and those needing home visits.

The BMA's own proposal to reform practice boundaries mean:

- Simplifying the system of opening and closing practice lists
- Increasing the use of remote consultations, allowing patients who are away from home to have a consultation provided by their existing GP practice
- Reforming the temporary residents arrangements in order to enable unregistered patients to book appointments at any GP surgery in England on an ad hoc basis.
- Widening boundaries, particularly in densely populated urban areas, to give patients greater choice when deciding where to register
- Formalising the process of operating 'flexible' boundaries, which happens already in some areas.

This would allow existing patients who move just outside a practice boundary area to stay with their GP if they want to.

The GPC thinks these measures would be simpler and cheaper.

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Personal health budgets are here

Personal health budgets are to be tested by eight PCTs.

The Department of Health said today that this will allow Trusts to give the money for someone's care directly to them.

Patients could then decide how, where and from whom they received their healthcare 'in partnership with the local NHS'.

Personal health budgets could only be held by a PCT or third party until now.

The cost of providing direct payments will come from existing funding within PCTs. Direct payments can be paid to patients in a number of ways, including monthly direct payments or a lump sum for a one-off purchase such as a piece of equipment.

The scheme aims to help individuals with a range of health conditions such as diabetes, stroke, heart disease, end of life care and mental health conditions.

Care Services Minister Paul Burstow said: 'There is strong evidence from the social care sector that direct payments help achieve better outcomes, and give people more choice and control over the care they receive. It also encourages a more preventative approach. It is a step away from the rigidity of the Primary Care Trusts deciding what services a patient will receive'.

But he recognised that direct payments would not be applicable for all.

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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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