



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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Contents

[Solicitors warn over bad management penalties in NHS](#)

[215 million pounds! The price of public sector fraud and overpayments](#)

[Doctors want action on violent patients](#)

[Federate or be damned](#)

[GP contract will be renegotiated](#)

[GP Contract: No wholesale renegotiation](#)

[GP-led change 'must not be lip service'](#)

[GPs call for prescription charges to go in England too](#)

[GPs face more funding cuts despite access results](#)

[GPs offered free employment law advice](#)

[Long term care funding review](#)

[Scrap revalidation plans, says BMA](#)

[Feedback](#)

[Register a colleague](#)

[Unsubscribe](#)

Solicitors warn over bad management penalties in NHS

The need for doctors to have effective management systems in their practices has been underlined with the conviction of the Great Western Hospitals NHS Trust for a breach of section 3 of the Health and Safety at Work Act 1974.

It has been fined £75,000 and ordered to pay prosecution costs of £25,000, the highest ever awarded against a NHS Trust.

The prosecution followed a joint police and Health and Safety Executive investigation into the death in 2004 of a woman who was given an epidural drug in her arm rather than saline.

The investigation showed that the two drugs had been stored on the same shelf and that the Trust (GWHT) had no effective system in place for storing drugs.

Hempsons solicitors said the Trust's duties under section 3 of the HSWA to 'ensure, so far as reasonably practicable, the health and safety of people not in its employ but who could be affected by its undertaking,' are extremely wide and simply putting people at risk was sufficient for the breach to occur.

But solicitor David Sinclair said even bigger penalties could lie in store.

He said: 'Earlier this year, the Sentencing Guidelines Council issued guidance on sentencing in corporate manslaughter and health and safety offences that result in deaths, which is binding on all courts.

'The Council's Guidelines provide that where a health and safety offence is shown to have caused a death, the appropriate fine 'will seldom be less than £100,000 and may be measured in hundreds of thousands of pounds or more'.

'The Guidelines also provide that NHS organisations and other public bodies should be treated in the same way as and must suffer the same punitive fines as commercial companies (which are regularly fined in excess of £500,000).

'By failing to have effective management systems in place for clinical and non-clinical issues Trusts could also face health and safety prosecution and be awarded significantly higher fines and prosecution costs than those imposed on GWHT'.

27 MAY 2010

[Top of page](#)

215 million pounds! The price of public sector fraud and overpayments

The National Fraud Initiative, the UK-wide antifraud programme, helped trace £215m in fraud, overpayments and error in 2008-09, according to the latest report released today. The previous year it was £140m.

The NFI, a sophisticated data matching exercise, has helped detect £664m in fraudulently obtained benefits, pensions and jobs over the last 14 years.

It compares information from 1,300 organisations including the NHS, local authorities, the police, and nearly 100 private companies. Matching data is hosted on a secure website and participants investigate their own matches for possible fraud and overpayments.

The biggest increase in 2008-09 was for single person discount (SPD), the 25 per cent discount on council tax available to adults who do not live with another adult who counts for council tax purposes. More councils provided data in 2008-09 and with it NFI helped to detect over £62m in wrongly claimed or paid discounts.

The NFI also helped track £84m in pension fraud.

Audit Commission chairman Michael O'Higgins said: 'We simply can't afford to ignore losses to the public purse, especially from fraud. Those who steal benefits, pensions, jobs and homes ought to know the NFI is on their trail, and others who fancy trying their luck should realise they will be caught.

'The latest NFI has helped achieve record savings. But it could do more. We are inviting government departments to put their data into the NFI and use its technology to stop the loss of taxpayers' money.'

20 MAY 2010

[Top of page](#)

Doctors want action on violent patients

Danger money might be a more appropriate way to pay some GPs, suggests a report published by the BMA in Northern Ireland.

Half of doctors in its recent survey have been verbally abused, threatened or assaulted in the past year.

The majority continued to treat patients anyway.

BMA council chairman in Northern Ireland, Dr Paul Darragh, called the findings 'incredibly worrying'.

He said: 'The abuse is often random, with no particular motivation behind the physical violence. The effect of threats, abuse and assaults impact not only on doctors on the receiving end, but also the wider healthcare team and other patients'.

Over 60% of violent or abusive incidents were reported to have occurred in hospital wards, often by a perpetrator who already had a history of violence or abuse.

The BMA wants patients with a history of violence to be identified by placing a warning marker on their health record.

Then this information could be shared between all healthcare organisations so healthcare staff can take appropriate precautions to ensure their own safety.

Belfast GP Dr Michael McKenna said many GPs had panic buttons in their surgeries.

But one of the best responses for family doctors was a protocol to move violent patients to a different GP surgery, with 'appropriate facilities' for treatment.

24 MAY 2010

[Top of page](#)

Federate or be damned

The RCGP has stepped up its campaign for GP practices to federate.

College chairman Prof Steve Field told Pulse the arrival of the new Government made it 'massively urgent' for practices to federate.

Practices are being advised that if they do not come together then primary care organisations will force them in to other structures.

And GPs have been warned that the Government's plans for commissioning groups covering up to 150,000 patients will threaten the survival of practices that do not come together.

But GP opinion on the need for urgent action is divided.

The GPC, for example, does not see federations as a universal solution.

20 MAY 2010

[Top of page](#)

GP contract will be renegotiated

A day after reports that there will be no 'wholesale' renegotiation of the GP contract the new coalition Government has announced that the six year old contract will, nevertheless, be renegotiated.

It plans a new dentistry contract too.

How far any new GP contract is a wholesale shake-up remains to be seen but a policy document out today, The Coalition – our programme for government, announces a string of promises that will affect AISMA members' GP clients – as well as themselves.

PROMISES

The document is a lengthy list of 'We will's' – reflecting the political marriage's aspirations.

It says:

- We will renegotiate the GP contract and incentivise ways of improving access to primary care in disadvantaged areas.
- We will give every patient the right to choose to register with the GP they want, without being restricted by where they live.
- We will guarantee that health spending increases in real terms in each year of the Parliament, while recognising the impact this decision will have on other departments.
- We will develop a 24/7 urgent care service in every area of England, including GP out-of-hours services, and ensure every patient can access a local GP. We will make care more accessible by introducing a single number for every kind of urgent care and by using technology to help people communicate with their doctors.
- We will strengthen the power of GPs as patients' expert guides through the health system by enabling them to commission care on their behalf.
- The local PCT will act as a champion for patients and commission those residual services that are best undertaken at a wider level, rather than directly by GPs. It will also take responsibility for improving public health for people in their area, working closely with the local authority and other local organisations.
- We are committed to an NHS that is free at the point of use and available to everyone based on need, not the ability to pay. We want to free NHS staff from political micromanagement, increase democratic participation in the NHS and make the NHS more accountable to the patients that it serves. That way we will drive up standards, support professional responsibility, deliver better value for money and create a healthier nation.

PATIENT POWER

The Coalition says it will give every patient the power to choose any healthcare provider that meets NHS standards, within NHS prices. This includes independent, voluntary and community sector providers.

Other promises include:

- We will stop the top-down reorganisations of the NHS that have got in the way of patient care. We are committed to reducing duplication and the resources spent on administration, and diverting these resources back to front-line care.
- We will significantly cut the number of health quangos.
- We will cut the cost of NHS administration by a third and transfer resources to support doctors and nurses on the front line.
- We will stop the centrally dictated closure of A&E and maternity wards, so that people have better access to local services.
- We will ensure that there is a stronger voice for patients locally through directly elected individuals on the boards of their local primary care trust (PCT). The remainder of the PCT's board will be appointed by the relevant local authority or authorities, and the Chief Executive and principal officers will be appointed by the Secretary of State on the advice of the new independent NHS board.

PRICING

- We will seek to stop foreign healthcare professionals working in the NHS unless they have passed robust language and competence tests.
- If a local authority has concerns about a significant proposed closure of local services, for example an A&E department, it will have the right to challenge health organisations, and refer the case to the Independent Reconfiguration Panel. The Panel would then provide advice to the Secretary of State for Health.
- We will make the NHS work better by extending best practice on improving discharge from hospital, maximising the number of day care operations, reducing delays prior to operations, and where possible enabling community access to care and treatments.
- We will strengthen the role of the Care Quality Commission so it becomes an effective quality inspectorate. We will develop Monitor into an economic regulator that will oversee aspects of access, competition and price-setting in the NHS.
- We will establish an independent NHS board to allocate resources and provide commissioning guidelines.

DOCTORS' RATINGS

- We will enable patients to rate hospitals and doctors according to the quality of care they received, and we will require hospitals to be open about mistakes and always tell patients if something has gone wrong.
- We will measure our success on the health results that really matter – such as improving cancer and stroke survival rates or reducing hospital infections.
- We will publish detailed data about the performance of healthcare providers online, so everyone will know who is providing a good service and who is falling behind.

- We will put patients in charge of making decisions about their care, including control of their health records.
- We will create a Cancer Drugs Fund to enable patients to access the cancer drugs their doctors think will help them, paid for using money saved by the NHS through our pledge to stop the rise in Employer National Insurance contributions from April 2011.
- We will reform NICE and move to a system of value-based pricing, so that all patients can access the drugs and treatments their doctors think they need.

INDEPENDENT SUPPORT

- We will introduce a new dentistry contract that will focus on achieving good dental health and increasing access to NHS dentistry, with an additional focus on the oral health of schoolchildren.
- We will provide £10 m a year beyond 2011 from within the budget of the Department of Health to support children's hospices in their vital work. And so that proper support for the most sick children and adults can continue in the setting of their choice, we will introduce a new per-patient funding system for all hospices and providers of palliative care.
- We will encourage NHS organisations to work better with their local police forces to clamp down on anyone who is aggressive and abusive to staff.
- We are committed to the continuous improvement of the quality of services to patients, and to achieving this through much greater involvement of independent and voluntary providers.

20 MAY 2010

[Top of page](#)

GP Contract: No wholesale renegotiation

GPC chairman Dr Laurence Buckman has revealed the new Government has no plans for a wholesale renegotiation of the six year old GP contract.

Talking to [healthcarerepublic](#) he confirmed he was 'open to talks' after assurances from Health Secretary Mr Andrew Lansley that the vast majority of the GMS contract was safe.

Dr Buckman told the website he received an unsolicited call from Mr Lansley following press reports suggesting that the Secretary was planning to 'tear up' the GP contract and force GPs to work out-of-hours.

Said Dr Buckman: 'We've had lots of conversations about GMS but they have made no specific suggestions.

'The only thing they have done is to call me and warn me that there will not be wholesale renegotiation. Which is a good sign that they want to make sure I know what is happening'.

One contract negotiating priority, according to Tory advisers quoted on [healthcarerepublic](#), is to shift the QOF to focus on outcomes by scrapping 'unnecessary' registers.

The website reported: 'Dr Buckman said that giving GPs responsibility for commissioning would be 'positive' for GPs and patients.

'We are open to talks. We don't know what it means and I'm not sure [Mr Lansley] knows what it means until we get a more refined idea of what GP commissioning might look like,' he said. 'But we are not against the idea.'

19 MAY 2010

[Top of page](#)

GP-led change 'must not be lip service'

Government plans for future NHS changes to be led by clinicians and patients, not to be driven from the top down, have been welcomed by doctors.

But BMA council chairman Dr Hamish Meldrum said dialogue had to be meaningful and not just pay lip-service to the notion of involving clinicians in proposals for the health service.

He said: 'Despite some reassurances about funding, the NHS faces a challenging time ahead with considerable funding pressures

and any plans the Government has to make for efficiency savings should be based on clear clinical evidence and involve doctors at all levels to ensure that quality of care for patients is protected.'

And he warned that proposals to enable patients to register with any GP practice they want would be 'very complex, potentially more expensive and could threaten that important relationship between a doctor and his or her patients'.

Dr Meldrum said the association needed to ask the Government whether, given the current financial pressures, now was the right time to bring in such costly changes.

Health secretary Andrew Lansley has said the Government to local communities – to people, patients, GPs and councils who are best placed to know what NHS services they need.

He expects decisions on NHS service changes to:

- focus on improving patient outcomes
- consider patient choice
- have support from GP commissioners, and
- be based on sound clinical evidence.

Mr Lansley said he wanted NHS London to lead the way in working with GP commissioners in their reconfiguration of NHS services.

25 MAY 2010

[Top of page](#)

GPs call for prescription charges to go in England too

GPs' hopes of seeing prescription charges in England abolished have received a boost from a new Department of Health review.

It called for an extension of the list of conditions that are exempt, and a review of wider policy 'with an open mind towards either abolishing prescription charges altogether, or wider reform'.

A BMA spokesman said: 'The prescription charge system that presently applies in England is a mess. It is full of anomalies and runs counter to the principle of an NHS that is free at the point of use. These proposals are a step in the right direction'.

Wales and Northern Ireland have abolished prescription charges, and Scotland is in the process of doing so.

Doctors say while FP10 charges raise a 'modest' amount of revenue they do so unfairly. 'The system is costly to administer, and as this review states, removing prescription charges could result in reduced hospital admissions, saving the NHS millions a year'.

28 MAY 2010

[Top of page](#)

GPs face more funding cuts despite access results

Latest results show patients are very happy with access to their GP but BMA Scotland has warned that this year's patient survey could still see GPs being hit by cuts in funding,

94.5% of patients taking part in the survey could get an appointment within 48 hours and 84.1% could book an advanced appointment.

But the variation in results for individual practices means many will lose funding unfairly.

The BMA said the results of the survey were linked to GP income and for many practices the views of a small proportion of patients would have a significant impact on practice funding.

Scottish GPC chairman Dr Dean Marshall said: 'We know that patients and GPs find the current appointment systems frustrating. It is important to seek patient feedback and to identify areas for improvement, but the BMA has repeatedly asked for the link between patient perceptions and pay to be cut.'

'Instead, the BMA has called on the Government to put in place measures to support practices that are finding it hard to improve access. This would be a far more effective use of resources that would deliver real results to patients.'

20 MAY 2010

[Top of page](#)

GPs offered free employment law advice

A new service offering expert advice on HR and employment law matters has been launched by the Medical and Dental Defence Union of Scotland.

The free helpline – which goes live today – offers unlimited HR and employment law advice from HR advisers.

The UK-wide organisation says the service is a direct response to increasing demand from practice managers and members who have employment responsibilities, and who must keep up with the rapid pace of change within complex legislation.

Liz Price, employment law services manager at the union, said: 'I think this will prove to be an invaluable service and give members the peace of mind to know they are following procedures correctly – freeing up time to concentrate on the clinical aspects of their role.'

The new employment law advisers will offer advice on a wide range of common problem areas such as staff conduct and implementation of disciplinary procedures; maternity and discrimination; terms and conditions of employment contracts; staff sickness; and grievance procedures.

1 JUNE 2010

[Top of page](#)

Long term care funding review

A new independent commission will be established to advise the Government on the future funding of long-term care and the NHS will be reformed to improve patient outcomes, Health Secretary Andrew Lansley has announced today.

He said the coalition's new policy document set out a clear message that its united vision was for a healthcare system which achieved outcomes amongst the best in the world, and free from day-to-day political interference.

Mr Lansley vowed: 'We will cut bureaucracy and hand back power to clinicians and patients to ensure they are at the forefront of decision making about NHS services.'

'The proposals will drive up standards of care, eliminate waste and lead to better outcomes that improve the health of the nation.'

20 MAY 2010

[Top of page](#)

Scrap revalidation plans, says BMA

The BMA has urged the GMC to scrap its current revalidation proposals for UK doctors because they are too costly and medics do not have confidence in them.

Doctors want the Council to provide detailed answers on a number of stumbling blocks, including questions about the funding of the revalidation programme.

BMA Council chairman Dr Hamish Meldrum said: 'The BMA will resist any proposals that are overly bureaucratic and cumbersome and that ultimately will take doctors away from treating patients. It is essential that any system we have in place is fair for all doctors across the board.'

After studying all the proposals the BMA thinks the proposed system will do very little to weed out underperforming doctors but will add yet another layer of bureaucracy to the doctor's role.

Dr Meldrum said: 'This does not make sense at a time when doctors are facing increasing pressure to spend more time with their patients. With the NHS facing cuts, this is not the time to spend invaluable resources on forcing doctors to dedicate time to box-ticking and form-filling exercises.'

Key concerns for the BMA include:

- How much it will cost. There are no references to how much the proposals will cost both directly and indirectly (eg loss of clinical time). Every doctor is meant to be reporting to, as yet, Responsible Officers – other doctors who will oversee their revalidation. But it is estimated that paying ROs will cost millions.
- Specialist standards to recertify doctors set by the Royal Colleges – the BMA says many of these are far too complex and need to be simplified and made more realistic.
- The role of the Royal Colleges – it says it is unacceptable for representatives from the Royal Colleges to sit on revalidation panels and regulate their members and fellow doctors. The BMA believes there is a conflict of interest.
- The BMA believes the revalidation process should only be introduced once the pilots have concluded, been fully evaluated and the lessons learnt have been incorporated into the plans for the national roll-out.
- After the pilots have been evaluated there must be agreement that the resulting proposals are fit for purpose before they can be rolled out across the board to all doctors, it says.

28 MAY 2010

[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.



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