

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.

Yours sincerely

Keith Miller

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# Doctors warn over personal health budgets

25/01/2010

Doctors have come out strongly against Government plans which they say reduce healthcare to a buyers' and sellers' market rather than a resource that NHS patients are entitled to.

They say the Department of Health's proposals to give patients the chance to pay directly for services through 'personal health budgets' could divert funding to unproven treatments.

And it could undermine equality in the NHS in England, create a new layer of bureaucracy, and result in some patients not getting the care they need, claims the BMA.

Association council chairman Dr Hamish Meldrum said: 'We believe in choice and flexibility for patients but these plans are worrying for a range of reasons.

'Apart from the practical difficulties and added bureaucracy involved, direct payments would take us even further towards a model where healthcare is a commodity to be bought and sold rather than something to which people are entitled. These proposals potentially undermine the principle of equal access on which the NHS is based.'

According to the BMA, personal health budgets would result in a new layer of bureaucracy and administrative burden on PCTs.

It said they could lead to an inequitable system that funds services or treatments for patients who hold a personal budget, but not for those who do not.

In its response to a consultation on personal budgets, the BMA told the Department of Health there would need to be safeguards to prevent exploitation if a patient's budget was held by a third party.

Doctors argued that a mechanism could be created to allow PCTs to refuse or ration further care to patients who had spent their whole budgets.

And they were worried that allowing patients to have money 'banked' could encourage them to save it 'for a rainy day' rather than spending what they needed on their care.

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# 'E-ddiction' warning to professionals

03/02/2010

Medical accountants who are 'married' to their BlackBerrys, mobile phones and the iPhone have been warned to beware of a new phenomenon among business professionals – 'e-ddiction'.

Capio Nightingale Hospital, central London's only independent mental health hospital, has identified an increase in social media and technology addictions and disorders, leading to a 'tired and wired' society unable to relax or unwind.

A spokesman said: 'In today's fast-paced society work and social boundaries are often blurred. We have noticed a rise in the use of technology devices such as BlackBerrys, mobile phones and in particular the iPhone for work and entertainment among clients suffering from mental health disorders and burnout.

'This excessive use can result in limited relaxation and downtime, which can in turn lead to social media disorders such as 'e-ddiction'. This is further compounded by the fact that people are also spending increased time on social networking sites such as Facebook and Twitter'.

Dr Nerina Ramlakhan, sleep and energy management therapist at the hospital, warned: 'Misuse and overuse of technology is associated with burnout. It can cause sleep problems such as difficulty in falling asleep, waking in the night, and lying awake worrying about tomorrow'.

The hospital has compiled a list of quick and easy steps to help slow down the pace of life and combat technology and social media issues such as 'e-ddiction':

- Spend some BlackBerry-free time each day
- Don't take laptops, BlackBerrys and other technology on holiday
- Have a lunch break out of the office and away from your computer

- Limit the amount of time spent online and onscreen
- Avoid temptation: Don't sleep with your BlackBerry next to you in bed and avoid checking emails just before you go to sleep
- Nurture relationships by meeting face-to-face and speaking over the telephone rather than via text and social networking

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## GPs welcome more say in OOH services

04/02/2010

Doctors have welcomed Department of Health plans to give them a greater say in the provision of out-of-hours services for their patients.

GPC chairman Dr Laurence Buckman said the BMA agreed with a health department report today which admits out-of-hours provision is unacceptably patchy.

He said: 'There are some out-of-hours organisations that provide a quality service and others, as has been highlighted by the tragic and avoidable death of David Gray, that fall shockingly short.

'We think the recommendations made in this report are sensible and are glad to see the Government has accepted them in full. We welcome the proposal for greater involvement of local GPs in assessing the quality of services'.

Dr Buckman added: 'We hope this, combined with proposals to improve monitoring of services and the selection of clinicians, will raise the standard of out-of-hours across the board so that all patients, no matter where they live, receive high quality care.'

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## GPs' out of hours complaints rocket

27/01/2010

Complaints about the out-of-hours (OOH) services that GPs pay for to cover their patients are rocketing, new figures show today.

One defence body revealed a 50 per cent rise in the complaints related to OOH consultations notified by its GP members.

The Medical Defence Union said it had been notified of 517 complaints related to OOH consultations by GP members in 2007 and 2008, compared to 337 in the previous two years.

Dr Stephen Green, head of risk management at the MDU, said OOH doctors were unlikely to have an established doctor-patient relationship, and if there was a problem they were unlikely to have an early opportunity to see the patient, talk about what happened, offer an apology if appropriate and explain how a similar incident could be prevented.

'With these factors in mind, we are advising OOH doctors to pay particular attention to the need for clear, unambiguous communication with patients and colleagues, including accurate and comprehensive note-taking and arranging follow-up if necessary.'

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## OOH shake-up following Coroner's verdict

04/02/2010

Procedures, contracts and monitoring arrangements for engaging cover for GPs' out-of-hours providers are to undergo a shake-up following a coroner's unlawful killing verdict today on the death of David Gray, who was given a fatal drug overdose by an overseas locum doctor.

The coroner said that the death of Mr Gray (70) amounted to gross negligence and manslaughter by the German doctor involved.

The case has prompted a public outcry over the state of out-of-hours GP care since doctors forfeited only £6,000 average a year

to give up 24-hour responsibility under the new contract nearly six years ago.

Christine Braithwaite, head of investigation and enforcement at the Care Quality Commission, said: 'The death of David Gray was a tragedy. It should not have happened and such an incident must not happen again. The coroner has clearly highlighted what went wrong. Take Care Now, and the PCTs that commission its services, must learn the lessons.'

'We are already looking at Take Care Now's current procedures as part of our review, as well as contractual and monitoring arrangements at the NHS trusts that buy its services.'

'Any relevant information arising from the inquest will feed into our work, and we will of course take the coroner's views and final verdict into account. Our inquiries are nearing completion, and we will be reporting in full on the findings in due course.'

The Department of Health has today published a review of GP out-of-hours services, written by two leading GP academics, in a bid to tighten up procedures for engaging stand-in GPs.

CQC chief executive Cynthia Bower said: 'It is absolutely critical that NHS trusts put monitoring of the safety of out-of-hours services higher up their agenda. Our work has suggested that the quality of monitoring has been variable.'

'The wide-ranging recommendations in this report will help address these concerns. Commissioners and providers of out-of-hours services across the country must implement them swiftly for the benefit of local people.'

She said CQC's inquiries into out-of-hours provider Take Care Now were nearing completion and the full findings would be published, with comments, 'in due course'.

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## **PMS GPs go to law over PMS contract cuts**

28/01/2010

Doctors in PMS practices may go to the courts over imposed funding cuts.

Financial support is being cut by six figure sums under a nationwide programme of contract reviews, reports Pulse.

Three quarters of PCTs (32) responding to requests for information said they were now reviewing PMS contracts or were about to.

But the magazine said it had learned that lawyers, representing multiple PMS practices, were now threatening to go to court to make a challenge.

Lockharts Solicitors in London are working on a legal challenge with PMS clients, said the magazine.

In Sheffield, it said, PMS GPs had only days left to respond to plans to save over £4m.

They had been told they could either go back to a GMS contract, with no MPIG, or take a hit of £100,000 or more per practice.

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## **Practice boundary changes would need GP funding shake-up**

26/01/2010

GPs' funding arrangements would need a total shake-up if the Government is to go ahead with its plan to scrap practice boundaries in nine months time, the BMA has warned.

New pay structures would need to cater for increased movement and changing patient demographics so that all practices got a fair and equitable share, it says.

Along with other objections, the association has also set out a number of suggested solutions for how to reform GP practice boundaries and make it easier for patients to see a GP in a place and at a time that is more convenient.

The GPC would like to see a series of local improvements with a national change in the current temporary resident arrangements.

It said: 'Local solutions should include permitting the widening of the boundaries of all practices in an urban area so patients have greater choice, the introduction of videophone and webcam consultations, as well as formally allowing patients who move

outside a practice boundary the option of staying with their GP.

'The change in the temporary resident arrangements would mean unregistered patients could be treated by a distant practice on an 'ad hoc' basis whenever necessary, while their normal GP practice would still oversee their care. It would have the added benefit of encouraging patients, who might otherwise inappropriately attend A&E, to go to the nearest GP surgery instead'.

GPC chairman Dr Laurence Buckman said: 'Complete free choice of registration is a good idea in principle and we want patients to be able to choose the GP surgery that is right for them. However, we don't want it to come at the expense of continuity of care or for it to lead to increased risks for vulnerable patients and a widening of health inequalities.'

The BMA claims total abolition of practice boundaries could have a number of unintended consequences.

It said issues that would need to be addressed for completely free registration to work include:

- PCT funding would need to be completely changed in a way that would take into account the impact on hospitals and social services. This would be extremely complex if the patient lived in one trust but registered in another.
- How to reform the home visiting system so continuity of care for patients, who are registered with practices far from their home, isn't affected
- Current IT projects, such as the electronic patient record transfer project, would need to be accelerated so GPs could have access to full patient records in order to make safe clinical decisions
- How to avoid widening health inequalities – this could happen if frail people or those without access to private or affordable public transport are not able to access practices further from their home, while others can
- Systems would need to be put in place to protect and track 'at risk' patients who could be vulnerable if they are regularly re-registered at practices not within their social services boundary
- Popular practices that had reached the limit of physical capacity would need to be helped to improve their premises in order to match patient demand

A Government consultation on practice boundaries is to start shortly.

The Conservatives have said they want patients to be able to register with the practice that best suits them (near their home or work).

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## GPs failing to pay Agenda for change rates

12/02/2010

Under 4 per cent of practice nurses are being paid Agenda for Change rates, a survey shows.

But this is up on the practicenursing.co.uk website's last study of the subject, when only 2.5 per cent of nurses got AfC pay and holiday entitlement.

Respondents' pay ranged from £8.67 to £35.80 an hour.

Average pay in the survey was up 2.6% on 2008 - £15.52 an hour.

The findings brought a plea from the RCN for GPs to pay their nurses more to ensure they continued to work in general practice.

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## Medical supplies firm bids to boost QOF earnings

12/02/2010

Research from a medical supplies company has identified how many GPs could increase their QOF earnings.

Williams Medical Supplies said its study showed many GPs could capitalise further on the QOF points and revenue streams available to them, despite the high scores already being achieved.

One time-saving example was to carry out diabetes screening, and other clinical processes, at the same time as neuropathy and

microalbuminuria testing.

For instance, the total UK achievement for diabetes screening was 98.43%, but at practice level less than 54.06% achieved all 93 points available to them. Almost a quarter of practices achieved less than 100% of points available for neuropathy testing (and nearly a fifth secured less than 95%). Nearly 40% achieved less than 100% of the points available for microalbuminuria testing (almost 30% secured less than 95%).

Another area would be to support the PCT retinal screening service, which had a low uptake - reflecting both that some screening services were still becoming established, and how a large number of patients decline retinal screening because they felt their optician has everything covered.

WMS CEO Steve Dunn said: 'GP practices are needlessly missing out on QOF points and some are significantly underachieving. We're not saying GPs are underperforming - they are working hard - but we believe that with our help and support they can achieve more in the same time.'

The company commissioned the analysis of the 2008-09

QOF point scores to identify opportunities for practices to improve, where a significant proportion were not achieving maximum scores in certain clinical areas.

Specialist diabetes nurse Henrietta Mulnier, of Surrey PCT, agreed that improvements were achievable: 'This QOF data continues to show how well primary care is managing long-term conditions such as diabetes. However, there are still some areas that are letting practices down. For example only 77% of practices are recording diabetes foot pulse checks.

'Pedal pulses are something that any nurse would have been trained to detect and report as a student nurse. With additional training in the use of a monofilament, these could be QOF targets easily achieved at annual review by the practice nurse.'

She has now produced tips to help GP practices achieve 100% of QOF points all of the time:

- Add details to your annual review invite letter to highlight that patients will need to provide a urine sample and have their feet examined at the appointment.
- If the practice nurse is willing to take on the role of foot assessment, make sure they are allowed the appropriate time for training, updates and, most importantly, time to do this at the annual review.
- The same applies to the measurement of albumin creatinine ratio. If the patient forgets the urine sample they could be reminded to provide this on their repeat prescription, which could automatically be printed only for those who do not have a result in the last 15 months. The sample bottles could be left in a take one and go box at reception.
- Above all – support the PCT retinal screening service.

The WMS report also highlighted the total UK achievement for COPD of 95.36%. Over 30% of practices did not achieve the full 28 points, with 16.80% securing less than 90% of the points available.

More than 16% of practices achieved less than 100% of the points available for inhaler training. A further 16% of practices achieved less than 90% of achievable points for diagnosis confirmation by post bronchodilator spirometry.

WMS now plans to write to practices offering advice on maximising QOF scores and will share the report summary with them upon request.

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## Doctors enlist patients in fight against NHS commercialisation

12/02/2010

Doctors are turning to their patients for support in their campaign against the role of commercial companies providing NHS care in England.

The BMA's 'Look After our NHS' campaign website now allows patients to register their support for a publicly funded and publicly provided health service.

It will crank up its campaign next week by sending campaign packs to its claimed 100,000 doctors and medical student members. One poster shows a businessmen taking money out of the NHS.

The public are asked 'help us put patients before profits.'

Leaflets for patients warn that 'your local GP practice, hospital or community health service could be run by a commercial, profit-driven company in the future'.

BMA council chairman Dr Hamish Meldrum said: 'We want an NHS with patients, not profits, at its heart. The public values the NHS as a publicly provided, publicly funded service. Like doctors, they do not want vital funding to be diverted to shareholders.

'NHS staff see on a daily basis the waste of taxpayers' money caused by this fixation with market ideology. Particularly as the public purse strings tighten, it is crucial that public money is no longer wasted on expensive commercial experiments'.

Doctors' campaign packs contain a brochure warning of the impact market-based reforms are having on the NHS. It claims:

- The creation of a market in the NHS has meant an increase in bureaucracy; the number of senior managers in the NHS rose by 91% between 1995 and 2008 - more than double the increase in numbers of doctors and nurses
- Many private NHS providers have received millions in guaranteed payments for contracts, despite treating fewer patients than planned; on average, the first wave of Independent Sector Treatment Centres delivered just 85% of activity paid for - suggesting a shortfall of £220m on the £1.47 billion contracts
- New 'GP-led health centres' have been costly, enjoying on average three times the funding per patient of regular GP practices, despite in some cases very few patients registering with them
- Every eight cases diverted to an Independent Sector treatment centre costs the taxpayer the equivalent of almost ten cases dealt with by the NHS
- The Private Finance Initiative is now funding over 100 new hospital schemes, valued at £10.9 billion, but set to cost the taxpayer £62.6 billion by the time the final payments are made in 2048.

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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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