



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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Practice nurses want better pay treatment

09/11/2009

Over half of practice nurses have expressed dissatisfaction with their pay.

A survey of nurses' employment and morale, by the RCN, found 26 per cent were now paid on Agenda for Change pay bands. In the hospital service the figure is 96 per cent.

The survey, reported in Practice Nurse, said 51 per cent of practice nurses are still on clinical grades, while 23 per cent are paid according to other local pay scales.

Among practice nurses on Agenda bands, 18 per cent are on band 5, 45 per cent on band 6, 17 per cent on band 7 and 16 per cent on bands 8 or 9. For those paid clinical grades, 37 per cent are on F grade, 43 per cent on G, and 9 per cent on H or I.

The study brought an accusation from the Practice Nurse Association that GP practices were implementing only sections of the Agenda for Change that suited them.

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'Son of QMAS' is on its way

19/10/2009

A consultation has been launched over the future of the controversial Quality Management Analysis System (QMAS) system, which is used to measure GP practice performance under the QOF.

The Department of Health and NHS Connecting for Health are thinking of scrapping it and bringing in a more flexible calculating and reporting system.

QMAS Mark II could record performance in other areas such as DESs, LESs and quality areas which are not part of QOF.

It is planned to test suggestions for the new system before developing them in greater detail and investing in a new system.

QMAS was launched five years ago and usually is updated three times a year. There are two clinical code changes based on the April and October READ code releases plus an update to cater for GP contract changes following negotiations between doctors' representatives and the Department of Health.

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Tories promise better budgets for GPs

22/10/2009

Health shadow minister Stephen O'Brien, has pledged to give budgets to GPs so they can make the best decisions for their patients and spend the money where it is needed.

Speaking at the ICAEW Healthcare Conference in Crewe he promised: 'We are going to give GPs real commissioning budgets, not the indicative budgets they currently hold.

'They will become the commissioners for their populations. By pushing commissioning closer to patients, we will make GPs more responsible for the general health of their population, and for commissioning better patient pathways.'

Scott McKenzie, consultant to the NHS on Practice Based Commissioning, told him: 'We will welcome the return to real commissioning budgets, this is what should have happened from day one and then we wouldn't have had five years of going round in circles.'

Jeff Finney, ICAEW Healthcare Group chair, commented: 'Accountants working for primary healthcare providers have had to face an ever changing situation over the last five years, and this is a clear and positive step in the right direction.'

Mr O'Brien also highlighted the Conservatives opposition to polyclinics. He said: 'Clearly with pushing commissioning closer to patients we also want GPs close to their patients, and that is why we will work to support provision in rural areas, and continue to oppose the arbitrary imposition of polyclinics across the country.'

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Government seeks views on personal health budgets

26/10/2009

A Government consultation launched today is looking for views on plans to introduce personal health budgets in the NHS. Interested bodies have until 8 January 2010 to say what they think about the rules should be for making direct payments to patients as well as proposals for setting up and evaluating direct payment pilots.

Personal health budgets are being piloted in PCTs for three years and direct payments will form part of these.

The Department of Health believes personal health budgets will help to create 'a more personalised NHS, by giving people more choice and control over how money is spent on their care'.

It says the personal health budget can work in three ways:

- a notional budget held by a commissioner, such as their GP or PCT
- a budget managed on the individual's behalf by a third party, like a charity or user trust, and
- a cash payment to an individual and managed by them. This is known as a healthcare direct payment.

Trusts are already offering the first two options, which do not involve giving money directly to individuals.

The Department of Health said the power to make direct payments was in the Health Bill currently before Parliament and was expected to receive Royal ascent next month. This consultation would inform the regulations and guidance to make direct payments happen.

According to Care Services Minister Phil Hope, personal budgets are already transforming people's lives. He said they were getting more choice and control over their own care. 'By making direct payments available in healthcare I know many more people will feel the benefits. We want to make sure we get this right and I want everyone to have their say to make sure we do.'

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Government wants GP surgery hours extended

06/11/2009

The Government aims to get 100 per cent of GP surgeries in England to open for extended hours.

Around 80 per cent of GP surgeries now have extended hours but that is not enough, according to health minister Mr Mike O'Brien.

He told GPs: 'Patients deserve the same opportunity to see their doctor at a time that is more convenient to them. We would like to see every GP practice in the country offering extended hours.'

'And within the next five years we would like patients to have a right under the NHS Constitution to evening and to Saturday morning appointments'.

But he denied this was returning to the 24/7 responsibility for care that existed before the new contract in 2004.

The minister said: 'It's important to remember that, as intended, overall GP working hours have improved since then. We wanted to ensure that the long hours GPs were obliged to work did not continue as in many cases they were too tired. We don't want to go back there. It is about getting all practices to emulate the more responsive services that so many of you are now providing'.

PATIENT GROUPS

And Mr O'Brien told a RCGP conference he wanted to see more practices launch a patient participation group. It is estimated 40 per cent do at the moment.

He said the health department would continue working with the RCGP to double the number of groups 'to truly bring the patient perspective to all aspects of the GP service'.

The focus had to be on responding to the needs of patients – and that was why the Government would give the public a free choice of which GP practice they decided to register with.

The minister said: 'Working together to iron out any problems and to ensure that equity is always the companion of choice, we will end practice boundaries within 12 months'.

People would be able to choose a different practice near home or near their work 'or one with better overall quality scores and patient satisfaction but in a different location altogether'.

OOH

Mr O'Brien told GPs that out-of-hours services needed to demonstrate universal high quality. The Care Quality Commission was recommending that all PCTs should now scrutinise their out of hours services more closely.

But he said there was no intention of returning to the pre-2004 situation of 24-hour responsibility.

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GPs' swine flu pay clarified

19/10/2009

PCTs are wrongly claiming that GPs will not get paid when district nurses immunise swine flu vaccine.

Grass roots doctors have also reported that Trusts are saying that district nurses will only give the vaccine to housebound patients who are already on their case load list.

But the GPC has told LMCs that Ian Dalton, national director of flu resilience, admits there have been 'some local misunderstanding' and that GPs will definitely receive payments for vaccinations done by district nurses.

The GPC said it was for GPs to decide who was on the housebound list. District nurses must administer vaccination to all patients on that list.

Said the GPs' body: 'GPs will be paid £5.25 for every H1N1 vaccination given to clinically at-risk patients on their registered list, regardless of who administers it'.

It added that district nurses are not allowed to charge GPs for their time.

New guidance is set to try and clear up a running argument over what 'housebound' means. Doctors' leaders consider this group to be those who would normally be offered home visits as the only practical means of being seen.

Vaccination DES details are due shortly. Vaccine supplies will not start arriving at surgeries until next week although the vaccination programme starts in two days time in Scotland.

The GPC has emphasised that, contrary to previous advice that two doses would be needed for the H1N1 vaccines to take full effect, the Chief Medical Officer in England has now announced that there are different rules for different patient groups.

It is warning locum GPs that they are unlikely to be offered H1N1 vaccination by occupational health services so should contact the practice they are registered with and get it there. But practices will receive no fee for vaccinating locum GPs and have been told they should not charge locums for doing it.

Locums can alternatively ask for vaccination at a practice which is employing them, but, again, there is no fee to the practice for doing this and it should not charge the doctor.

GPs do not have to do the vaccination programme themselves in the practice. They can delegate to appropriately trained staff.

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Minister warns GPs QOF pay won't stay

06/11/2009

Health minister Mike O'Brien has warned that another big upheaval in the way GPs earn money under the quality and outcomes framework is on the way.

In a major speech to the RCGP he said more needed to be done to make quality pay.

Said Mr O'Brien: 'This will mean looking for further reform in the Quality and Outcomes Framework. Now because of the potential impact of swine flu, we've agreed to no changes in the QOF for 2010-11. But beyond that, I call on the negotiating parties to be bold and to move further and faster to make quality pay'.

At the very least this would mean raising the maximum payment thresholds to reflect existing levels of achievement by the best performing practices.

He added: 'Because improvements in quality through QOF have proved harder to get in recent years, we've got through the easy bits and are moving onto the harder bits. We've established a new independent process for reviewing and developing the QOF, led by NICE.

'QOF needs to do more to reward quality, it needs to focus more on outcomes than on process, it needs to be simpler – free of unnecessary bureaucracy, and it needs to promote further improvement rather than just reward practices for continuing to do what they're doing already'.

The minister said QOF, and any other incentive, had to be strong enough to constantly drive up quality, to improve patient experience and to improve healthcare, otherwise it ran the risk of becoming just 'window dressing'.

He told GPs: 'We can't afford to patch over the cracks with more money. It won't be there. Now is the time to make some hard decisions and to really push forward with a system entirely driven by the pursuit of quality'.

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PCTs told not to make knee jerk budget cuts

22/10/2009

Health minister Mike O'Brien has told GPs they should not be seeing services cut back by PCTs, or the imposition of knee jerk budget cuts.

He said an innovative primary care sector held the key to the NHS's success in the tough times ahead.

Mr O'Brien told doctors, nurses and managers at the NHS Alliance annual conference that during these challenging times PCT should be exploring creative options for releasing funds from existing budgets.

And he said he would name and shame those that imposed 'slash and burn' cuts in spending.

He said the way forward was to focus on quality, and unleash the creativity and enthusiasm of NHS staff and each provider of care.

Added Mr O'Brien: 'Innovation and clinical leadership need to become as deeply ingrained in the psyche of the NHS as being funded by the tax payer and being free at the point of delivery.'

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Practice Managers to get support from RCGP

06/11/2009

The Royal College of General Practitioners has launched a new support network for GP practice managers.

Its Forum of Practice Management is open to all practice managers and aims to provide educational and peer support through networking and information.

The forum is part of the new General Practice Foundation (GPF) which will also serve practice nurses and physician assistances.

Members will have access to online learning modules and a tailored programme of events.

The RCGP said they will also be able to put together an e-portfolio to demonstrate learning and professional progression.

RCGP Council secretary Dr Maureen Baker said: 'Having a Foundation within the RCGP that is dedicated to the support and development of general practice nurses, practice managers and physician assistants will ensure more quality and consistency in the professional development of the three professions, as well as giving them a stronger voice in the future development of general practice across the UK'.

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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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