

## May 2016 Newsletter

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### Feature on “World at One”



The GP crisis in Leicester – our Chief Executive was interviewed by Jon Manel as part of a story about a state of emergency in Leicester. Jon took a four-minute drive around the city and drove past three surgeries which have closed recently (The Maples Surgery in Evington, a branch surgery at Springfield Road Health Centre and Queens Road Medical Centre). He interviewed a number of affected patients, who spoke passionately about the high quality service and excellent continuity of care they

enjoyed at a smaller practice and of their struggles to find a new practice.

He then spoke to Chris, who said, “In the last three years I can recall 8 practice closures. There are many more who are down to last man standing.”

“There’s a certain point at which they will struggle if they get allocated four or five hundred patients, and they are a small practice it could be the thing that tips them over the edge and then it feels like dominoes starting to fall over. They will reach a point where they are beyond the size they are designed for and if they can’t attract doctors and nurses and staff to cope with the increases to their list, then it might start to be the final straw for some of the practices that are just clinging on.”

Jon Manel asked him if they were to sit down in 12 months’ time, would we be talking about more closures?

Chris replied, “That’s my fear I do think we are in a state of emergency in Leicester. I wouldn’t be astonished if another 5 or 6 practices had closed or gone under by this time next year.”

Jon Manel then spoke to Professor Azar Farooqi at East Leicester Medical Practice, who is also the Chairman of Leicester City Clinical Commissioning Group. Professor Farooqi acknowledged the seriousness of the situation and suggested one solution practice may have to consider is becoming part of a larger organisation. He spoke of the challenges his practice had experienced with partners leaving the practice and difficulties in recruiting new staff.

NHS England quoted the promises in the GP Forward Review including a ‘Practice Resilience Programme’.

## Letter to Minister

In March the LMC attended a meeting at the Department of Health in Whitehall, with a local practice and a local MP, to meet the Minister of State for Community and Social Care, Alistair Burt, with the purpose of highlighting the real crisis in General Practice in Leicestershire. We followed up the meeting with a letter to the Minister – we sought feedback from our GPs and Practice Managers asking you what makes a career in general practice sustainable, fun and an attractive career option.

Thank you to the eighty plus GPs and Practice Managers who took the trouble to send us your views. We distilled them down into a list of bullet points which formed the main body of our suggestions. A full copy of the text of the letter is sent as an attachment with this newsletter.

## LMC Annual Conference

Your LMC sent Doctors Chris Hewitt, Anu Rao, Saqib Anwar, Ammar Ghouri, Sumit Virmani, Shiraz Makda and Nick Simpson, as well as our Development Manager, Claire Deare, to the two day LMC Annual Conference on 19 and 20 May.



Dr Saqib Anwar spoke up on a themed debate around the funding of General Practice – to hear him speak click [here](#) to 1 hr 15 mins 20 secs using the slider bar in the webcast of Day One.



Dr Chris Hewitt spoke passionately in favour of arguably the most important motion of the whole conference, Motion 20:

*That conference does not accept the General Practice Forward View is an adequate response to the GPC's statement of need within the BMA's Urgent Prescription or General Practice and considering this to be sufficient grounds for a trade dispute, unless the Government agrees to accept the Urgent Prescription within three months of this conference, the GPC should ask the BMA to:*

- i) Ballot the profession on their willingness to sign undated resignations*
- ii) Ballot the profession on their willingness to take industrial action*
- iii) Ballot the profession as to what forms of industrial action they are prepared to take*
- iv) Produce a report to practices on the options for taking industrial action that doesn't breach their contracts*

To hear Chris speak click [here](#) to 1 hr 20 mins 15 secs using the slider bar in the webcast of Day Two.



The conference voted overwhelmingly in favour of all parts of the above motion – but what happens next? Over to the GPC.

## Publicity material about GP State of Emergency

Our colleagues at Londonwide LMC have initiated a hashtag campaign on Social Media called 'GP State of Emergency'. Their aim is to raise awareness of the crisis general practice is in. Our colleagues at GP Survival have produced a really excellent You Tube clip from the LMC Conference – please feel free to add the clip to your practice websites and your social

media accounts; particularly effective for Facebook and Twitter.

<https://www.youtube.com/watch?v=vY82jgLhASg&feature=youtu.be>

## Focus on the GP Forward Review

The [GP Forward View](#) was published on 21 April. Dr Chris Hewitt's message to our members at the time of publication was:

*"We need to understand how much of the glossy document is smoke and mirrors from the politicians. We need to identify how much of the good intentions will result in the meaningful new resources for practices and when these resources will be available. Many of us will want to give the General Practice Forward View a cautious welcome.*

*We need more information and detail – I believe that it is potentially a very dangerous document that could accelerate the demise of General Practice as we know it. General Practice needs a clear vision – we need a rescue package that clearly outlines pounds per patient and per patient contact for the core work of GPs. The promised resources in the GPFV will have many strings (extended working and working at scale) and involve much red tape. Little or none of the money is allocated to core funding of GMS practices and a revised Carr Hill formula (which still appears a distant ambition). How many of the public will realise that £2.4 billion over 5 years was what was promised some time ago in the Chancellor's spending review?*

*The wise sceptic will ask 'how much of recent and less recent announcements are just rebranding and recycling of schemes and continue to rob Peter to pay Paul?'*

*My own view is that we need to proceed with cautious optimism, the devil will be in the detail."*

This month the BMA has produced a detailed [Focus On the NHS England General Practice Forward View](#) document, which we would advise you to read.

PULSE have produced a great resource: [GP Forward View: What cash can I apply for?](#)

## BMA: Quality First resource

We recommend practices check out the BMA's [Quality First](#) resource. It contains a wealth of guidance, templates and case studies, to assist you in managing your workload (including pushing back unresourced work back to secondary care) while still delivering safe patient care.

## Department of Health consultation on death certification reforms

The Department of Health are running a consultation which closes on 15 June – they propose the introduction of a unified system of scrutiny by independent medical examiners of all deaths in England and Wales that are not investigated by a coroner. This is likely to have an impact on GPs workloads – if you would like to submit your view the consultation documentation is available [here](#).

## NHS Property Services and Service Charge Recovery

We are aware that service charges from NHS Property Services continue to be a serious concern for practices. The BMA has recently reiterated its advice note as follows:

*We are writing to re-circulate a short form note that was first disseminated in 2015 on the recovery of service charges. This provides guidance on the costs that can and cannot be recovered by any landlord, including NHSPS, through service charge demands. The ultimate position is that any landlord attempting to charge service charges (whether those charges are backdated or current) must have regard to the specific circumstances relating to the tenant from whom they are seeking recovery. In particular, they must have regard to the lease agreement that is in place (if any).*

*If you or any colleagues are being issued demands for service charges which bear no resemblance to what you have agreed (whether in writing or otherwise) then please do not hesitate to query the basis upon which that is being claimed. Indeed, if a blanket approach towards recovery of service charges is being taken it is highly probable that practice/tenant specific arrangements are being overlooked. If you have ongoing concerns about the treatment you are*

*receiving when it comes to service charge demands, please take professional advice to ascertain your legal position in connection with paying the same.*

*In order to seek to avoid the ongoing concerns over transparency when it comes to issuing service charge demands and the impact that full service charge recovery may have on practices we have, as part of our discussions and negotiations with NHSPS and NHS England in connection with a template lease with NHSPS which are now drawing to a close, sought provisions, commitments and reassurances which should go some way to address these issues. This includes transitional funding that has been offered by NHSE to support practices in the payment of service charges to allow efficiency measures that NHSPS are committed to deliver to filter through.*

If you are being issued service charge demands (whether backdated or otherwise) where there has been no agreement towards their payment (whether that agreement is in a lease or elsewhere) please do send us details to [enquiries@llrlmc.co.uk](mailto:enquiries@llrlmc.co.uk) so we can collate the information for the GPC, who will seek reassurances from NHSPS, as part of a committee that is being established between representatives of NHSPS, the Department of Health and the BMA, that consideration will be given towards practices/tenant specific circumstances.

Please also refer to the BMA's 'Focus on Service Charge Recovery' – November 2014. This document is not easily accessible online, but we will upload it to our own website [www.llrlmc.co.uk](http://www.llrlmc.co.uk) and we also attach a copy with this newsletter.

## **GP Retainer Scheme**

It is widely recognized that the existing [Doctors Retainer Scheme](#) is inadequately resourced. Health Education England in conjunction with NHS England are reviewing the scheme, as it is hoped GPs staying on will form a component of the oft-promised 5,000 extra GPs we hear so much of. For various reasons, that review seems to be taking an awfully long time.

On 4 May the BMA announced an [Interim Scheme](#) supplementing the payments practices are entitled to under the Statement of Financial Entitlements.

The Interim Scheme is a bridging arrangement available for application from 1 April until 1 December 2016. The enhanced revised funding arrangements for the scheme are available to applicants and practices for a maximum total for three years and the duration of the scheme remains limited to a maximum for five years (reverting to current funding arrangements for the last two possible years on the scheme). It is now agreed that those who are currently on the present scheme can transfer to the interim scheme, but again only to a maximum duration on the scheme of five years.

The scheme is open to a wider range of GPs who might feel that they need support to continue to practice and importantly this is irrespective of length of service. It is open to any GP who can provide their GP Dean with compelling evidence that they are intending to leave practice and would do so without this scheme. What's new is that the scheme is now open to those GPs who are currently not in practice, but have not been out of practice for more than two years and have remained on the National Medical Performers List.

The scheme remains at a maximum of four sessions per week and the Retained GP (RGP) will be provided with an enhanced annual bursary of up to £4,000 depending on the number of sessions delivered per week. NHS England have decided to base this on annualised sessions:

Annualised sessions – fewer than 104  
Number of sessions per week – 1-2  
Bursary – £1,000

Annualised sessions – 104  
Number of sessions per week – 2  
Bursary - £2,000

Annualised sessions – 156  
Number of sessions per week – 3  
Bursary - £3,000

Annualised sessions – 208  
Number of sessions per week – 4  
Bursary - £4,000

The current Statement of Financial Entitlements (SFE) funding level of £59.18 will be topped up so that practices will receive £76.92 per session.

## Out of hours provider to go into administration

CNCS has been forced to end provision of services across the East Midlands after it announced it intends to file for administration.

The news comes against the backdrop of pressure on general practice and out of hours services across the country.

HSJ has been told that services in Leicester, Leicestershire and Rutland have moved to Derbyshire Health United, the out of hours provider for North Derbyshire, South Derbyshire, Hardwick and Erewash Clinical Commissioning Groups.

Nottingham Emergency Medicine Service has taken over running the out of hours service at Kings Mill and Newark Hospitals in Nottinghamshire.

Care home support services, also provided by CNCS, have been transferred to Nottinghamshire Healthcare Trust.

HSJ understands staff working across CNCS's services will be transferred to the new providers.

Dr Amanda Sullivan, Chief Officer for Mansfield and Ashfield CCG, which oversees the out of hours contract said, "As commissioners it is the CCG's priority to ensure that the continuity of the out of hours and urgent care services are maintained for the populations of Mansfield and Ashfield, Newark and Sherwood and Leicester, Leicestershire and Rutland. We appreciate the concern this has caused to staff and some patients but we have taken swift and decisive action."

"All services will have transferred by Friday 13 May. Managers have visited sites to meet with contractors to ensure that services can continue to be delivered safely."

Chris Hewitt, Chief Executive of Leicester, Leicestershire and Rutland Local Medical Committee said, "GP services in Leicestershire are under great threat with so many surgeries closing or in the state of 'last GP standing' that anything that might further de-stabilise the service is worrying."

"The GPs in the area are being priced out of undertaking out of hours shifts with the rising costs of medical indemnity for undertaking what is considered to be high risk work by the medical defence organisations and this is a key problem that needs addressing urgently."

"We hope that the new service provided by Derbyshire Health United can be supported to ensure a smooth transition. For the sake of patient safety, the last thing out of hours in our area needs right now is more disruption."

CNCS said in a statement: CNCS is working with its advisers and commissioners to ensure that service continuity will be maintained through the transfer of service delivery to other experienced caretaker providers.

## NHS PS template lease launched

You will know that for over a year the BMA have been negotiating with NHS Property Services to improve conditions for GPs occupying NHSPS-owned premises. These negotiations have come to an end and we are pleased to let you know that we have agreed a template lease. The full template lease, the guidance and other resources are available on the BMA webpage (<http://www.bma.org.uk/support-at-work/gp-practices/premises/gp-premises-leases>).

This template will, following local agreement between each practice and NHS Property Services on any specific premises or personal issues and/or requirements that are unique to them, form the basis upon which a formal and final lease agreement can be agreed.

We have secured a number of agreements within and out with the lease that should benefit practices, for example:

- a clause allowing the tenant to break the lease if notice has been served on their core contract (by the NHS or by the tenant)
- a mechanism built into the lease which ensures that reviewed/revised rents match what a practice was entitled to in terms of reimbursement
- service charges must be reasonably and properly incurred and a dispute resolution

provision (which involves independent surveyors) is included if the charges are deemed unreasonable

- agreement with NHS England to provide transitional funding (for up to two years) for practices who have historically been supported in connection with their service charge payments
- very favourable assignment clauses which enable a practice to freely assign the lease to different partners or NHS allowed entities
- NHS England will cover SDLT (stamp duty land tax) and legal costs (up to a set level) where practices enter into a lease within 18 months of this announcement

A few things to watch out for/remember:

- NHS PS have indicated that they will seek to start discussions with any practice who is in occupation of one of their premises on an unwritten basis or uncertain basis. This will start with written communication and the provision of a set of heads of terms which reflect the points agreed in the template.
- certain concessions, such as the payment of SDLT and legal costs, are open for an 18-month grace period which will end mid-October 2017
- All rents (including shared area rents) need the prior approval of NHS England before the lease is entered into
- NHS PS are seeking to move to a position of full recovery service charges and although certain comfort provisions have, as mentioned above, been agreed there is the possibility for service charges to increase notwithstanding the efficiencies which NHS PS are seeking to drive through. Practices need to have visibility of what their exposure could be and agree limits and/or additional funding if these are deemed unreasonable
- NHS PS is keen to make efficiencies through economies of scale, therefore they will be appointing a facilities management provider who they hope practices will use. The use of such providers is not compulsory albeit there is a reasonable endeavours requirement to enter into negotiations over a separate FM contract that will facilitate the same
- as part of the negotiations over the ability to break the lease where core contracts end (to mitigate the impact of a 'last man standing' situation occurring) the lease has been negotiated outside of statutory protection

which would ordinarily give a practice a statutory right to renew at the end of a lease term. Whether this is appropriate for each practice is dependent on their circumstances but we have sought to mitigate this issue by agreeing that the lease term can be up to 30 years and that it is capable of being contractually renewed.

- you should still negotiate the specifics of the template lease and should ensure you seek legal advice before signing

For any queries related to the new template lease, please email [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk).

If you are being contacted by NHS PS in connection with the creation of a new lease and are looking for sector-specific legal support, BMA Law's commercial property specialist lawyers can help. They can be contacted by email to [property@bmalaw.co.uk](mailto:property@bmalaw.co.uk) or by telephone on 020 7383 6119 for more information.

## **The attractiveness of future career paths in general practice – a letter from the BMA**

**Dear BMA member**

We would like to invite you to take part in some focus groups that the BMA is organising for this summer. The focus groups are specifically for GP trainees and GPs within five years of qualification, and will involve a discussion of the attractiveness of future GP career paths. Against a backdrop of changes affecting general practice, such as the number of GP partners, new ways of practices working together and involvement of GPs in commissioning, we would like to ask new and trainee GPs how they see their future in general practice.

PLEASE TAKE A LOOK AT THE SHORT SURVEY AND TELL US IF YOU ARE INTERESTED IN BEING INVOLVED - IT WILL TAKE ONLY A MOMENT TO COMPLETE:  
<https://www.demographix.com/surveys/6VQM-4EGE/BHKTBYTD/>

Although it is not possible to conduct events throughout the whole UK, we are offering some choice of location. Your information will be used for the purposes of organising where and when focus groups can take place. The BMA will pay reasonable travel expenses. - **BMA Research Team, Public Health and Healthcare**