

From: Clare Sully [Forrest Burlinson] c.sully@forrestburlinson.co.uk

Subject: FW: Chaand's newsletter

Date: 19 November 2015 14:26

To: Dr A Mehrotra i Pad (ajit.meh@me.com) ajit.meh@me.com, (Anuj.Handa@GP-B85611.nhs.uk) Anuj.Handa@GP-B85611.nhs.uk, (Ajit.Mehrotra@GP-B85620.nhs.uk) Ajit.Mehrotra@GP-B85620.nhs.uk, (annalunn@hotmail.com) annalunn@hotmail.com, Anna Lunn Kirklees NHS (anna.lunn@kirklees.gov.uk) anna.lunn@kirklees.gov.uk, B. D. Lynch (drbdlynch@gmail.com) drbdlynch@gmail.com, (Bert.Jindal@gp-B85042.nhs.uk) Bert.Jindal@gp-B85042.nhs.uk, Bert Jindal (bertjindal@gmail.com) bertjindal@gmail.com, Elaine Oldroyd (elaine.oldroyd@gp-b85009.nhs.uk) elaine.oldroyd@gp-b85009.nhs.uk, Dr Hanume Thimmegowda (Hanume.Thimmegowda@gp-B85646.nhs.uk) Hanume.Thimmegowda@gp-B85646.nhs.uk, Lynne Bolton (Lynne.Bolton@GP-B85009.nhs.uk) Lynne.Bolton@GP-B85009.nhs.uk, (natarajan.chandra@ntlworld.com) natarajan.chandra@ntlworld.com, (rd.jenkinson@btinternet.com) rd.jenkinson@btinternet.com, (richard.vautrey@nhs.net) richard.vautrey@nhs.net, Robin Sharman (Robin.Sharman@GP-B85641.nhs.uk) Robin.Sharman@GP-B85641.nhs.uk, robin.sharman@btinternet.com, Surajit Ghosh (surajitrintu@hotmail.com) surajitrintu@hotmail.com

Cc: Ebrahim Suleman e.suleman@forrestburlinson.co.uk

CS

From: GPC Local Medical Committees discussion list [<mailto:LMC-L@LISTSERV.BMA.ORG.UK>] **On Behalf Of** Carmen Musonda

Sent: 19 November 2015 11:13

To: LMC-L@LISTSERV.BMA.ORG.UK

Subject: Chaand's newsletter

Please see below, this week's edition of Chaand's newsletter also accessible [here](#).

Regards

Carmen

Carmen Musonda

GPC Liaison Officer, Policy Directorate

T: 020 7383 6216 | E: cmusonda@bma.org.uk

BMA

From your BMA GPs committee chair

Escalating GP indemnity costs are affecting patient services



Dear Colleague,

I spoke at a round-table event arranged by NHS England chief executive Simon Stevens to discuss the exponential rise in GP indemnity costs on 18 November.

A range of stakeholders were present, from representatives of NHS England, the Department of Health, MDOs (medical defence organisations), the NHS litigation

authority, to urgent-care providers. The mere fact that this meeting was arranged highlights that this is an issue vexing the Government, given its impact on the GP workforce and patient services.

Earlier this year a snapshot survey by the Family Doctor Association reported a 25 per cent increase in GP indemnity costs in just one year, with the average annual fee for a GP doing 10 sessions a week reaching £11,320 in 2015. This personal expense borne by GPs has contributed to the 25 per cent reduction in GP income over the last decade. It is one significant factor leading to GPs wishing to retire early, exacerbating the workforce crisis in general practice. Furthermore, we are increasingly hearing anecdotes of GPs unable to obtain indemnity cover, or being quoted unaffordable figures on renewal.

We are advised that increased premiums are a result of rapidly rising claims and high pay-outs, now higher than in almost any other country in the world, including the USA. The MDOs are lobbying for legislative changes to ensure a fair and proportionate litigation process, with appropriate levels of awards for damages, and which would lessen this financial burden.

We already know that excessive premiums for GPs working in out-of-hours or unscheduled care are threatening adequate levels of GP staffing; this is deeply concerning as we approach winter with its added pressures. Findings from a recent [survey](#) showed that, of the 430 GPs working out of hours, 79 per cent were having to limit their number of shifts on account of clinical indemnity premiums, and 68 per cent warned that they would consider either reducing or stopping their shifts entirely, if fees continue to rise. Many GPs have shunned out-of-hours work as a result.

The emergence of practices working at scale – something promoted by NHS England itself through new models of care – will additionally be undermined as MDOs opt to base premium calculations for extended routine care provision on risk algorithms developed for out-of-hours work.

Furthermore, indemnity costs for healthcare professionals in practice teams are rising and will be detrimental to recruitment. We have heard of MDOs charging up to £8,000 premiums for some nurse practitioners, and there will be significant indemnity costs associated with Government-endorsed initiatives for practice-based pharmacists and physicians.

Many salaried GPs' indemnity costs are paid for by the employing practices, and increases in fees will again be borne by GP contractors, fuelling the financial difficulties affecting many partnerships.

There was clear consensus at the roundtable that something needs to be done. The BMA GPs committee has proposed options, ranging from the Government reimbursing increased expenses for GPs, dedicated funding for working in specific environments such as unscheduled care, Crown indemnity to block cover for GP practices to encompass all healthcare professionals. Each of these options will require new central funding. We are pressing the Government for a solution, since one thing for certain is that failing to do so is exacerbating GP workforce pressures, and adversely affecting patient care.

Support our junior doctors

You will be aware that the junior doctors' ballot for industrial action went live on 5 November, with a closing date today 18 November and the ballot result being announced tomorrow. Three days of [industrial action](#) are being proposed: from 8am, **Tuesday 1 December** to 8am **Wednesday 2 December** providing emergency care only, and from 8am to 5pm on **Tuesday 8 December** and **Wednesday 16 December** with full withdrawal of junior doctors' labour.

GPC is fully behind our junior doctor colleagues, since this is an issue that affects the entire profession, as is the need for fairness and safety to be integral to any negotiations. I am additionally in regular contact with BMA junior doctors committee chair Johann Malawana to discuss the implications for GP trainees.

Furthermore, the BMA has published [guidance](#) for GP practices (in England only) who may be affected by industrial action, and I would urge you to read this if you have a GP trainee working in your practice.

Further research confirms little demand for routine seven-day opening

A recent [study](#) published last week in the British Journal of General Practice reveals strikingly that only 2.2 per cent of patients wanted routine GP services available on Sundays. This comes on the back of an [independent evaluation](#) of the prime minister's Challenge Fund pilots published last month, showing poor patient demand on Sunday and for Saturday afternoon appointments.

The [study](#), undertaken by the University of East Anglia shows that most people do not think they need weekend opening, and concludes that, while seven-day services may benefit certain patient groups, such as younger people in full-time work, Sunday opening, in addition to Saturday, is unlikely to improve access.

Given the Government's pronouncements on valuing patients' views this study mandates it to

...and the Government's pronouncements on taxing patients. Today, the study indicates we rethink its policy on seven-day GP opening. It vindicates GPC's consistent message to ministers to use our cash-strapped NHS budget responsibly, and not be profligate in spending it on political ideology that will take resources away from those who are the most ill and needy. You can read the full article [here](#).

REMINDER: COMPLETE OUR PREMISES SURVEY

GPC is surveying practices who have applied for funding from the primary care transformation fund, after considerable feedback about local difficulties. We want to hear your experiences! If you have not already done so, please complete our short survey. Your responses will give us a better picture of the reality on the ground, and strengthen our negotiations with NHS England on your behalf.

As ever, you can keep in touch with the latest news on bma.org.uk/gpc

With best wishes,

Chaand Nagpaul
BMA GPs committee chair
info.gpc@bma.org.uk

Clinical pharmacists in general practice pilot

The BMA gave a **cautious welcome** to the announcement of an expansion in the number of pharmacists working in general practice. This is a step forward, but I was keen to emphasise that general practice remains under incredible pressure despite this scheme.

GP networks conference 20 November – last chance to register

There is still an opportunity to register for the BMA conference on GP networks and federations on 20 November, to be held at BMA House, London. You can find out more and register [here](#).

Charging for services outside of contractual work

The issue of GPs charging for services provided to patients outside the remit of their contractual obligations, was raised in the **press** last week, with reports of variations in charges ranging from £50 for medical records to support an immigration application, to £350 for a letter to certify a child's fitness to take part in a school Christmas play.

Healthwatch has said that it will visit practices it believes are charging patients excessively. When GPC met with Healthwatch England representatives earlier this year, we explained the independent contractor status of GP practices, making clear that while we have published **guidance** on this, we are not in a position to set fees nationally.

We are an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care.

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