

# Healthcare sector preparing for Brexit 'no-deal'

The Department of Health and Social Care (DHSC) has revealed it is preparing for a 'no-deal' Brexit outcome, which could lead to a shortage of essential medical supplies and equipment.

The DHSC is developing contingency plans that could be implemented immediately in the event of the UK leaving the EU without a Brexit deal. It is also working closely with NHS England, other government departments and pharmaceutical companies to better understand the potential impact of a 'no-deal' scenario on the provision of healthcare across the UK. NHS England has also confirmed that it is undertaking extensive planning to ensure it has access to vital medical products such as blood plasma from the EU post-Brexit.

NHS England Chief Executive, Simon Stevens, said: *"There is now significant planning going on... which the health department, with other parts of the Government, are undertaking, around securing medicine supply and equipment under different scenarios. That will obviously crystallise, when it's clear later this autumn, what the UK's position will be, but there's extensive work under way now."*

Nevertheless, NHS England and the British Medical Association (BMA) have both warned that leaving the EU without a deal is undesirable and could cause significant damage to the UK healthcare sector. The BMA has also urged the Government to ensure the UK remains in the Single

Market, as well as other European agreements that cover healthcare, clinical trials and medical equipment.

Chair of the BMA Ruling Council, Chaand Nagpaul, acknowledged that while the UK Government had started planning to ensure the healthcare sector would be prepared in the short term, the preparations were *"too little, too late... and proof that the impact on the NHS has not received the attention it deserves in Brexit negotiations."*

In addition, all hospitals in England have contacted staff who are EU nationals to reassure them that the Home Office is introducing a process that will allow them to remain and work in the UK. Around 10% of doctors and 7% of nurses working in the NHS are EU nationals, while the

recruitment of new EU nurses has fallen by 90% since the EU Referendum in June 2016.

In June 2018, the Home Office also confirmed that doctors and nurses from outside the EU will be removed from the Government's Tier 2 visa cap. This will enable the NHS to recruit more international doctors and nurses. In England the health service is short of nearly 10,000 doctors and the Government's decision has been welcomed by NHS organisations and medical groups.

Read more about the NHS's Brexit preparations at: <http://bit.ly/2BN3HWb>



# review of GP partnership model

The Department of Health and Social Care (DHSC) has announced the terms of reference for its independent review of the GP partnership model.

The review will identify the challenges currently facing GP practices, and examine whether GPs' ability to meet those challenges is helped or hindered by the partnership model, under which GPs operate as independent contractors, rather than NHS employees, and their practices are organised as business partnerships. It will also examine the benefits and shortcomings of the model for patients, partners, salaried GPs, locums, practice staff and the NHS as

a whole. Based on its findings, the DHSC will make recommendations aimed at reinvigorating the partnership model to support the transformation of general practice.

The review will focus on 23 key topics, including how to reduce risks and liabilities for GPs who operate as partners, the role that digital technology should play in supporting the partnership model and managing GP workload, the barriers and motivations for GPs who are considering a partnership role and whether the limited liability partnership could become a suitable legal structure for GP practices.

The chair of the review is Dr Nigel Watson, Chief Executive of Wessex Local Medical Committees and member of the General Practitioners Committee. He will be attending consultation events that will be open to any interested party, including GPs, practice staff, practice managers and patients. The review also welcomes contributions via email and at webinars that will be held over the next few months. The final report will be published by the end of 2018.

Read more about the review at <http://bit.ly/2Le7QB0> and <http://bit.ly/2LgTUqE>

## new NHS app for accessing services

A free app has been developed by the NHS to enable patients in England to book GP appointments, order repeat prescriptions and get urgent medical advice.

The app will be available on the App Store and Google Play in December 2018. According to the Department of Health and Social Care (DHSC), it will help patients avoid the '8am scramble' to book GP appointments by telephone, which often involves waiting in a long queue of callers.

Patients will also be able to use the app to access their medical records, sign up as organ donors, manage long-term health conditions and

state preferences relating to their end-of-life care.

Matthew Swindells, NHS England national director of operations and information, said: "The new app will put the NHS into the pocket of everyone in England but it is just one step on the journey. We are also developing an NHS Apps Library and putting free NHS WiFi in GP surgeries and hospitals."

The DHSC has stressed that the app will keep patients' medical data safe and secure and provide users with control over how the data is shared. However, Professor Helen Stokes-Lampard, chair of the Royal College

of GPs, warned: "Considering that patients' medical history will be accessible on individuals' mobile phones on the apps, we need to ensure that the security and reliability of the identity verification processes being used are of the highest international security standards."

Professor Stokes-Lampard also commented that GP surgeries will need additional support and resources to avoid disruption to patients when the app is first introduced.

Read more at: <http://bit.ly/2wghhLz> and <http://bit.ly/2OUJHIS>



# in brief...

## Indemnity costs continue to rise

Research from GPonline has revealed that more than a quarter of full-time GPs pay more than £10,000 a year for indemnity insurance, while 62% pay more than £7,500. In comparison, just 30% of GPs pay indemnity costs of less than £5,000 a year. According to the research, rising indemnity fees are costing the NHS the equivalent of 2,500 full-time GPs because doctors are forced to limit the number of sessions they work. Many GPs have also warned that they will not be able to afford indemnity costs if they continue to increase at the current rate. Separate research from the British Medical Association has indicated that GP indemnity costs increased by 50% between 2010 and 2016.

<http://bit.ly/2whMzBB>

## Fall in number of GP practices

The latest figures from NHS Digital have revealed that there were 7,148 GP practices in England in July 2018, which is a year-on-year fall of 263 practices or 3.6%. In comparison, the average practice patient list has increased by almost 5% over the same period from 7,893 patients to 8,279. Overall, patient lists increased by an average of 19% between 2013 and 2018, which is contributing to the rising workloads and budget pressures faced by GPs. In response to the figures, the British Medical Association has warned that general practice is at risk of collapse and that 10% of practices could be forced to close by 2022.

<http://bit.ly/2OXA3PE>

## CCGs spend just 1.3% of budget on GPs

Clinical commissioning groups (CCGs) are expected to spend just 1.3% of their total discretionary budgets on general practice in 2018/19, a freedom of information request has revealed. In addition, just 7.1% of NHS England's budget will be spent on GP core contract work in 2018/19, down around 0.2% compared with 2015/16. In response to the figures, GPs have warned that the amount of funding allocated to general practice is inadequate and will lead to a lower quality of service for patients. GPs have also claimed that CCGs continue to prioritise acute services for investment and are cutting funding for locally commissioned GP services.

<http://bit.ly/2BwTxsg>

## Every GP surgery short of at least one doctor

The Royal College of General Practitioners (RCGP) has warned that GP surgeries across England are struggling to recruit the necessary number of GPs. Overall, an additional 6,000 GPs are required in England, which equates to almost one GP per surgery. This is despite the Government's pledge in 2016 to invest an additional £2.4 billion in general practice to support the recruitment of 5,000 new doctors by 2021. According to the RCGP, the shortage of doctors has intensified due to a rise in the number of GPs leaving the NHS prematurely in response to rising workloads and a lack of funding.

<http://bit.ly/2nYWUic>

## GP training placements significantly underfunded

The Royal College of General Practitioners (RCGP) has urged the Department for Health to allocate more funding to training placements in general practice. According to the RCGP, general practices receive an average of £620 per week for training placements, despite the fact that training costs are around £1,000 per week. In addition, general practices receive 40% less funding per training placement when compared with hospitals. In response, the RCGP has called for an additional £31 million of funding for GP training.

<http://bit.ly/2whN3rE>

## GPs owe £202 million in unpaid premises fees

Health Minister Steve Brine has revealed that GP practices owe £202 million in unpaid premises fees to NHS Property Services (NHS PS) and Community Health Partnerships (CHP), an increase of £79 million compared with 2016/17. GP leaders have warned that the unpaid fees are a significant threat to the financial stability of general practice and are calling for NHS PS and CHP to write off the money owed. NHS PS and CHP have been increasing rents in line with the market value of properties since they took over responsibility of leases for GP practices in 2013. However, the BMA has claimed that GP practices are not informed about why their rents have gone up, and has urged GPs not to pay the unpaid fees unless they believe they are accurate and fair. <http://bit.ly/2Pvo24N>



# GP contract facing most substantial changes since 2004

The Government's Long Term NHS Plan, which includes a pledge to spend £20.5 billion per year on the NHS by 2023/24, could result in the most substantial changes to the GMS (General Medical Service) contract since 2004.

The plan includes a review of the GP partnership model, reform of the Quality and Outcomes Framework (QOF), changes to the Carr Hill funding formula, which governs practice funding, and a review of premises.

NHS England has also set out plans to reform three GP payment methods that could reduce funding per patient for 'digital first' GP models by 20%. A 'digital first' primary care model means a model in which the first point of contact for patients is via a digital channel, such as Skype, rather than through a traditional GP's appointment.

NHS England has also outlined plans for continued support of the nationwide development of 1,000 to 1,500 primary care networks. These networks, are often referred to as 'GP superhubs' and promote integration between general practice and pharmacies, accident and emergency departments and the NHS 111 service. It has also been reported that a new type of national funding contract (a 'network contract') may be introduced to fund the largest

networks. NHS England has also highlighted plans to boost GP recruitment and measures such as the state-backed indemnity scheme, which is set to go live from April 2019, to support the profession.

NHS England national director for strategy and innovation, Ian Dodge, said: "2019 starts the most substantial discussion of the GP contract since 2004 - given the forthcoming long-term NHS plan, current pressures on general practice, the emergence of primary care networks, QOF and indemnity reform, the partnership and premises reviews. This calls for more intensive joint working between NHS England and our partners, particularly the BMA."

Read more about the plan at: <http://bit.ly/2PwfquU>



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## one in four GPs would consider working for online providers

A survey of 760 GPs has revealed that the majority are uninterested in working for online general practice services run by private providers. GPs were asked whether they would consider working for an online private general practice service. Around two thirds of GPs (63%) answered no, 21% said they would consider part time work only, just 4% said they would consider full time work and 10% were undecided.

Around four in ten portfolio GPs responding to the survey said they would consider this type of work, compared to just 20% of GP partners.

The survey also asked GPs to provide reasons for their answer. Of the respondents who said they would not consider working for an online private GP service, many thought that such work is 'high risk'

for GPs and their patients. Some GPs also dismissed the employment of GPs by online private providers as unethical and a threat to general practice. The GPs who said they would consider working for an online private service gave reasons such as freedom from the GP contract and better pay.

BMA GP Committee workforce lead Dr Krishna Kasaraneni said: "What this survey shows is that the majority of GPs questioned clearly wish to continue working in the NHS providing face-to-face care to their patients, and that many have well-founded concerns over the ethics and safety of online models."

Read more about the survey at: <http://bit.ly/2wjPp99>