

## Government introduces Health and Care Bill

The Government has introduced a Health and Care Bill to improve collaborative working within the NHS, reduce the need for competitive tendering and increase the accountability of the NHS to Government.

Key measures in the Bill include abolishing clinical commissioning groups and creating integrated care boards (ICBs), with responsibility for commissioning NHS services and allocating funding. Each ICB will be required to form an integrated care partnership (ICP) with local authorities and other relevant organisations, such as care providers, in its area.

To create an improved legal framework for collaborative working and to reduce bureaucracy, the Bill will repeal Section 75 of the Health and Social Care Act 2012, which requires NHS commissioners to put services out to competitive tender.

NHS England and NHS Improvement will be merged and the Secretary of State for Health will be given powers

to direct the newly merged body. The Secretary of State will also have increased power to create new NHS Trusts, authorise payments to adult social care providers and intervene in disputes concerning local service reconfigurations.

Under the Bill, foundation trusts will be subject to new capital expenditure limits and all NHS bodies will have a new duty to pursue the 'triple aim' of improved quality of care, better health and well-being for all, and the sustainable use of NHS resources.

Some parts of the Bill are widely supported in the NHS, including the proposals to ensure integrated care by creating ICBs and ICPs, which were developed and consulted on as part of NHS England's Long Term Plan. However, other parts of the Bill have attracted criticism. The British Medical Association (BMA) and the NHS Confederation have both expressed concerns about the Secretary of State's increased

powers and the implications these will have for the autonomy of local ICBs and partnerships. The BMA has also warned that the Government's plan to implement the measures by April 2022 does not allow enough time for clinicians to provide adequate scrutiny and engagement. According to the BMA, which has urged MPs to reject the Bill, there is also a risk that removing the legal requirement for competitive tendering will not protect the NHS from "unnecessary and costly private sector involvement" without additional measures to make the NHS the default provider for NHS contracts.

Although the Bill creates a new duty for the Secretary of State to publish a report every five years describing the system in place for assessing and meeting workforce needs, the NHS Confederation and the BMA have warned that it does not do enough to address workforce shortages.

Read more about the Bill at: <https://bit.ly/3mRMCAg>



# BMA criticises GP pay award

The British Medical Association (BMA) has criticised a 3% pay increase for salaried GPs and other NHS workers, which was announced by the Government in July 2021. Although the rise, which will be backdated to April, is significantly higher than the 1% that the Government had initially recommended, the BMA claims that the amount is inadequate and points out that GP partners have received no confirmation that they will be funded to cover their increased salary costs.

The 3% pay award follows the Government's acceptance of pay recommendations made by the independent NHS Pay Review Body and the Review Body on Doctors'

and Dentists' Remuneration. According to the Department of Health and Social Care, the increase is also intended to recognise the unique impact of the Covid-19 pandemic on NHS staff.

However, the BMA believes that the 3% pay rise does little to compensate GPs for years of pay erosion, and that the Government has failed to listen to the 4,200 clinicians and members of the public who wrote to MPs during the pandemic as part of the Fairness for the Frontline campaign. According to the BMA, the Covid-19 crisis has been "unlike any other period in our working lives", and this has not been adequately reflected in the Government announcement.

Although GP partners secured a multi-year pay deal in 2019, which included a 2.1% increase for their own pay and that of salaried GPs, this followed a 25% fall in the real-terms value of GP pay between 2008/9 and 2018/19.

The Fairness for the Frontline campaign also called for any pay award made to salaried GPs to be fully covered by additional funds. The BMA has warned that without this funding, GP partners may be forced to make cuts in the services they provide.

Read more about the BMA's reaction at:  
<https://bit.ly/3mWgyv7>

## England GP numbers 25 years behind EU

Almost 50,000 more doctors are needed to make up a staffing shortfall that puts England 25 years behind comparable countries in the European Union (EU). This is according to a report published by the British Medical Association (BMA), which has revealed that Poland is the only OECD country in Europe to have a lower doctor-to-patient ratio than England.

According to the report, England averages 2.8 doctors per 1,000 people across primary and secondary care, compared to an average ratio of 3.7 in comparable EU countries. It is estimated it could take until 2046 for health services in England to catch up.

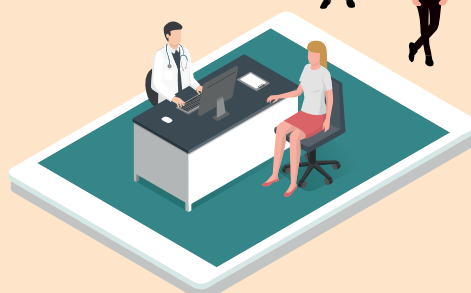
The BMA, the Royal College of Physicians and the Royal College of Emergency Medicine have warned that the shortage of doctors will negatively affect patient care, while also placing huge pressure on existing NHS staff. The BMA believes that the Government can no longer afford to ignore the staffing crisis, which could rise to a shortfall of around 84,000 doctors by 2043.

The BMA has called for a number of measures to tackle the crisis.

These include the introduction of a duty for the Secretary of State to publish regular, detailed health and care service workforce assessments in order to inform recruitment needs, increased Treasury investment to fund places in medical school and on specialist courses, and more investment in staff and infrastructure. Punitive pension taxation rules should be amended to allow older doctors to work more flexibly rather than retire.

The BMA has also claimed that Government promises to increase the GP workforce by 6,000 by 2024 will fall short, with the actual figure likely to be around 3,400 additional full-time equivalent staff.

Read more about the shortfall here:  
<https://bit.ly/3gT8APg>



# In brief...

## Guidance on e-consultations

NHS England has published updated guidance for GP practices about the availability of e-consultation forms. Under the latest standard operating procedure, practices are required to offer patients the option to submit e-consultation forms at any time. However, many practices want to switch off e-consultation systems out of hours, meaning they will be unavailable during weekends and evenings. NHS England has clarified that providing round the clock access to e-consultation forms does not mean GP practices are expected to respond outside of their contracted core hours. The guidance also clarifies that GPs should inform their clinical commissioning group before switching off online consultation systems and consider whether additional support may be available to ensure that patients without easy access to phones or online services are not disadvantaged.

<https://bit.ly/2V5taED>

## NHS pension ready reckoner updated for 2021/22

NHS Employers has relaunched the NHS Pension Scheme Annual Allowance and Tax Ready Reckoner for the 2021/22 tax year. The ready reckoner is designed to help members of the NHS Pension Scheme understand the value of scheme membership. It also provides information about scheme members' annual allowance position and the total annual cost of membership, and indicates whether the tapered annual allowance applies. Scheme members can also use the ready reckoner to get an estimate of how much the value of their NHS pension is projected to increase in 2021/22. Read more about the ready reckoner at: <https://bit.ly/3kARmHq>

## Payment issues following introduction of new pension portal

The Institute of General Practice Management (IGPM) has warned that GP practices are receiving incorrect, missing or double payments through the new Primary Care Support England (PCSE) online portal following its launch on 1 June 2021. The PCSE portal was set up to improve the management of NHS pension payments. However, the IGPM is warning that payment issues could lead to cash flow issues for GP practices, while missing pension data in the portal is creating additional administrative work. As a result, the IGPM has urged PCSE to clarify how it is addressing the issues, as well as ensure a back-up plan is in place if the portal continues to underperform.

<https://bit.ly/3yzCw99>

## Vision for adult social care in England

Care England has launched a 'We Care For England' strategy setting out its vision for the future of adult social care in England. The strategy outlines a series of recommendations for the Government to reform adult social care. Recommendations include a £7 billion annual increase in social care funding to support its long term sustainability, as well as a ten year workforce plan to ensure the sector has access to skilled workers. Other recommendations include improving the quality of adult social care, better integration between health and social care providers, and greater investment in innovation and community development. Read more about the vision at:

<https://bit.ly/38zEJGY>

## Plan to facilitate sharing of patient care records

The Department of Health and Social Care has confirmed that GP practices and hospitals in England will have access to shared patient care records by the end of September 2021. Each integrated care system (ICS) in England will be able to access the shared records. An ICS is a partnership between the organisations that provide health and care services in a specific local area. The record sharing will ensure authorised healthcare staff can access patient records regardless of where care is being delivered. Shared patient care records are part of the NHS's long-term plan to achieve comprehensive record sharing by 2024.

<https://bit.ly/3yA4uS4>

## More dentists planning to leave the NHS

The British Dental Association (BDA) has urged the UK Government to set out its plans for relaxing Covid-19 restrictions and reforming dental care to address the challenges facing NHS dentistry. Almost two thirds of NHS dental practices believe they could face financial penalties as a result of not meeting targets that require them to achieve 60% of pre-pandemic activity levels. Overall, around 30 million dental appointments have been lost since the first lockdown in 2020, and practices can currently only see a limited number of patients due to Covid-19 restrictions. According to the BDA, 47% of dentists are planning to change careers or take early retirement in the next 12 months if the restrictions are not reviewed.

<https://bit.ly/3kAZWGk>



# NHS Digital delays data collection scheme

NHS Digital has further delayed its plan for a mass collection of patient data from GP practices, known as the General Practice Data for Planning and Research scheme. The data collection was due to begin on 1 September 2021, already two months later than originally planned. However, following continuing concerns about patient privacy, Health Minister Jo Churchill announced in July 2021 that NHS Digital will not start uploading patient data until specific conditions have been met.

These conditions include establishing a system that allows patients to opt out of sharing their data at any time and requiring NHS Digital to delete any data it uploaded before they opted out. A further condition is that data collection cannot begin until GP practices have had enough time to process a backlog of opt-out requests.

In addition, NHS Digital must develop and implement a 'trusted research environment' that allows approved researchers to collaborate while providing protections and privacy.

The conditions announced by the Health Minister also address concerns about a lack of awareness and understanding of the scheme.

Before data collection begins, NHS Digital must run a public engagement campaign that explains how data is used and ensures patients are aware of their choices.

Both the British Medical Association (BMA) and the Royal College of General Practitioners have welcomed the further delay to the data collection scheme. In particular, the BMA has expressed relief that there will be time to ensure that the final scheme is "comprehensive, considered and well-communicated".

Read more about this story at: <https://bit.ly/3zA5uXX>



## Head Office

One Bell Lane, Lewes  
East Sussex BN7 1JU  
Tel +44 (0)1273 480480  
Fax +44 (0)1273 476941  
[www.knilljames.co.uk](http://www.knilljames.co.uk)  
[in](#) [t](#) [f](#) @KnillJames

If you would like further information on any of the articles in this newsletter please contact Nick Rawson or David Martin at the above telephone number or email [nick@knilljames.co.uk](mailto:nick@knilljames.co.uk) [david@knilljames.co.uk](mailto:david@knilljames.co.uk)

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## GP trainee numbers on track to beat records

The number of doctors accepting GP trainee places looks set to break the record set in 2020, according to figures released by Health Education England (HEE). The figures reveal a 7% rise following initial recruitment rounds, with 3,690 GP trainee places filled by the end of June 2021. At the same point in 2020, 3,441 had accepted a place. Marking the fourth year in a row that the number of trainees has increased, this means that almost all (98%) of the 3,733 training posts on offer for 2021 have already been filled. This is well ahead of the Government mandated target of 3,250 GP trainees to be in place every year. With another recruitment round still pending, HEE is on track to beat last year's total, which saw 3,793 doctors entering GP training after the completion of all recruitment rounds.

HEE announced in 2020 that it was aiming to increase the number of training places from 3,500 to 4,000 a year from 2021. According to an HEE director, it is well on the way to achieving that, with the 2021 recruitment round seeing a 35% increase in applicants compared to previous years.

The number of applications has made the process extremely competitive this year and HEE will be working with partners in Trusts, the Royal Colleges and the BMA to support doctors who were not successful so they can review their available options.

Read more about the increase here: <https://bit.ly/3jxBcPu> and: <https://bit.ly/3gRdk8a>