

New procurement system to increase use of private healthcare

The Department for Health and Social Care has announced a range of new measures to unlock spare capacity within the independent healthcare sector. The measures were announced as part of the NHS recovery plan.

The measures include a Provider Selection Regime, which is a new procurement system that will be introduced by the end of 2023. The regime will provide commissioners of healthcare services with more flexibility when selecting NHS and independent providers by removing unnecessary levels of competitive tendering and barriers to integrating care. NHS commissioners will also be able to monitor data on independent sector activity to find opportunities to use spare capacity.

The regime is one of several measures announced to tackle the backlog in elective care. There were

around 7.47 million people on the elective waiting list in August 2023, up 61% from 4.57 million in February 2020. This is despite the use of the independent sector increasing by more than a third since April 2021, with more than 90,000 elective care appointments and procedures delivered every week.

Plans to increase use of private providers have been badly received by the British Medical Association (BMA) and the Doctors Association. According to the BMA, the backlog is a result of the failure to provide the NHS with adequate resources or to address the workforce crisis, which it believes is fundamental to having the capacity to cut waiting times. The Doctors Association criticised the Government for 'taking the easy way out' rather than making sustainable investments in the NHS workforce, infrastructure and capacity.

In contrast, private providers of GP services have welcomed the regime as an opportunity to take on a greater role in delivering NHS care. According to Livi, a Swedish company providing digital GP services and remote appointments via the NHS current procurement processes are complex and time-consuming. Livi hopes that the regime will allow its services to be offered via the NHS on a larger scale, meaning GPs can focus on patients that require face-to-face care.

Another key measure is the creation of 13 new community diagnostic centres. Eight of these will be run independently and the remaining five will be run by the NHS. The independent sector currently delivers 6% of diagnostic tests and 9% of appointments or treatments.

Read more about the regime and other measures at: <https://bit.ly/3rFKq3m>



Medicine supply problems leading cause of financial pressure

A recent 'temperature check' survey carried out by Community Pharmacy England identified medicine supply issues as the leading cause of financial pressure for community pharmacy owners.

Of the 850 pharmacy owners asked to rate issues in terms of the levels of financial pressure, around two-thirds gave medicine market instability 'ten out of ten', while almost all remaining respondents gave the issue an eight or nine out of ten. In particular, ongoing instability in the generic medicines supply chain means pharmacies are dispensing at a loss within the constraints of their current 2019-2024 contract.

Workforce inflation, utility bills and increasing rent and costs were rated ten out of ten by over half of pharmacy owners, with around a quarter rating these issues as an eight or nine out of ten.

Many pharmacy owners also identified increasing demand for healthcare advice and an increase in demand for services as high contributors to financial pressure. However, pharmacy owners also demonstrated a 'strong appetite' for expanding their services, provided that new funding is secured. This includes additional funding to expand services during the final year of the current contractual framework.

Commenting on the survey, Community Pharmacy England described the findings as laying bare the struggles that pharmacies are having to manage on a day-to-day basis.

The survey was discussed at Community Pharmacy England's July 2023 committee meeting. This enabled pharmacy owners to have their opinions aired and for committee members to accurately represent and make decisions based on feedback from owners.

Read more about the survey at: <https://bit.ly/452YZfe>

NHS Workforce Plan receives a cautious welcome

Medical organisations have issued a cautious welcome to the long-awaited NHS Workforce Plan, but concerns over the details remain.

The 15-year plan sets out how to address staff shortages to cut waiting times and reduce the cost of using expensive agency staff. Under the plan, more than 100,000 doctor, nurse and other healthcare professional vacancies will be filled to boost staffing numbers and futureproofing the NHS against the demands of an ageing population.

Under the plan, the NHS will receive £2.4 billion in extra funding over the next five years to pay for the increased number of healthcare professionals. The number of places in medical schools will increase from the current figure of 7,500 to 10,000 by 2028, reaching 15,000 by 2031. There will also be an expansion of adult nursing and dentistry training places, as well as the NHS's biggest expansion of apprenticeships, including new doctor apprenticeships. Changes to pension

rules will help staff retention by making it easier for them to partially retire or return to work.

However, while medical organisations expressed cautious optimism about the plan, there are several concerns remaining. These include the fact that GP practices would face a huge increase in their training workload, and that the delayed plan (which was originally promised in 2017) is not enough to tackle immediate problems and will

take too long to have any impact. Crucially, the plan does not address the pay crisis in the healthcare sector. The Royal College of General Practitioners also stressed that it was important not to ignore the pressures its members are already under, and that short-term support was needed as well as long-term reforms.

Read more about the workforce plan here: <https://bit.ly/3tdYzoP>



In brief...

One in three dental practices now using AI

More than a third (35%) of dentists are now using artificial intelligence (AI) in their practice, according to the results of a Dentaly.org survey of 1,265 dentists and patients. Overall, 77% of dentists have reported positive results after implementing AI. Faster and more efficient workflows, predictive analytics for patient outcomes and improved diagnosis accuracy were identified as the main benefits of implementing AI. However, the survey has revealed that just 10% of patients would pay more for AI-based dental care or diagnosis.

Read more about the survey at: <https://bit.ly/465IRe2>

Toolkit to help patients with money-related health issues

The Personalised Care Institute and the Money and Pensions Service have launched a toolkit to help health and care professionals support patients with money-related health issues. The Money Talk Toolkit provides training and resources on how to talk with patients about money issues and signpost them to effective support. The toolkit was developed after research revealed that 46% of health and care professionals had seen an increase in the number of patients talking to them about money problems in the previous six months.

Read more about the toolkit at: <https://bit.ly/46p6FcF>

OPEL Framework to include general practice health

NHS England has confirmed that it plans to incorporate general practice into the Operational Pressures Escalation Levels (OPEL) Framework over the next year. The framework provides a unified approach to the detection and assessment of acute hospital urgent and emergency care operating pressures. As part of its winter plan, NHS England has instructed integrated care boards to ensure that tools are in place to understand demand, activity and capacity in primary care. The tools will help identify where support might be required to alleviate pressures on primary care and GP practices.

Read more about the framework at: <https://bit.ly/457n84n>

Funding for GP practices to modernise way of working

NHS England has announced that GP practices can claim a share of £44 million to help transition to the Modern General Practice Access Model. An average of around £13,500 per practice is being made available across 2023/24 and 2024/25 to help practices move to digital telephony and provide faster navigation, assessment and responses for patients. GP practices across England can apply for funding by submitting a request to their integrated care board.

Read more about the funding at: <https://bit.ly/456oNqA>

Counter-fraud strategy to meet NHS savings target

The Department of Health and Social Care has identified community pharmacies, general practice and dentistry as key risk areas to focus on as part of its 2023-2026 counter-fraud strategy. The strategy sets out a series of measures to help the NHS meet a savings target of £500 million by preventing and detecting fraud, as well as through the recovery of funds. Measures cover a range of potential fraud risks including contractual fraud, procurement and commissioning, and inappropriate claims and reimbursements.

Read more about the strategy at: <https://bit.ly/3t6Lb5Y>

Fall in patient satisfaction levels

The latest GP Patient Survey has revealed that 71.3% of patients in England reported a good overall experience with their GP practice in 2023, down from 72.4% in 2022. Satisfaction with access to primary care fell to its lowest level for eleven years in 2023, while the proportion of patients reporting a good experience when making an appointment reached its lowest level for six years. The survey indicated that while smaller GP practices have significantly higher levels of patient satisfaction compared with larger practices, they are being phased out as closures and mergers drive up average patient lists.

Read more about the survey at: <https://bit.ly/3LLUHSJ>



New GP practice assessment framework to be rolled out

A new assessment framework for GP practices in England will be rolled out from November 2023. The new framework from the Care Quality Commission (CQC) will continue to include ratings and five key questions. It will also introduce six new 'evidence categories'. Much of the framework will remain the same, using a four-point rating scale (outstanding, good, requires improvement and inadequate) and five key questions (safe, effective, caring, responsive and well-led). The six new evidence categories will set out the types of

evidence the CQC will use to understand the quality of care being delivered and the performance against each quality statement.

The new categories are: people's experience of health and care services; feedback from staff and leaders; feedback from partners; observation; processes; and outcomes. The quality statements, which focus on specific topic areas under each key question, will replace the CQC's key lines of enquiry (KLOEs), prompts and ratings characteristics.

The regional rollout will begin in the South of England in November 2023, including Berkshire, Buckinghamshire, Cornwall, Devon, Dorset, Gloucestershire, Hampshire, Kent, Oxfordshire, Somerset, Surrey, Sussex and Wiltshire. The current assessment framework will continue

to be used in other regions, with the full rollout expected to be completed by the end of March 2024.

The CQC has updated its guidance for providers and further guidance will be available as each region transitions to the new framework. Providers will be notified of when they will be affected by the changes. The CQC has confirmed that assessments will continue to be scheduled by considering levels of risk, so not all providers will need to have an immediate assessment. The aim of the changes is to make the assessment approach more streamlined, flexible and proportionate, so as to allow the CQC to better support providers in delivering quality care.

Read more about the new framework here: <https://bit.ly/3tcRyEJ>



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Almost half of GP practice premises not fit for purpose

A survey by the Royal College of General Practitioners has revealed that four in ten GP practice teams believe their premises are not fit for purpose. Around 88% of practice teams indicated that structural issues are impacting on the standard of care they can deliver. For example, a shortage of consulting rooms means patients are often kept waiting for appointments. In addition, 75% blamed limited space for restricting the number of trainee GPs they can take on.

Many practice teams are also struggling with inadequate digital infrastructure. Around half (46%) described their PC or laptop software as not fit for purpose and 38% said the same about their broadband connection. As a result, 56% of GP practices are struggling to exchange information with pharmacies and 51% are finding it difficult to communicate with out-of-hours care providers and community teams.

Around three-quarters of practice teams who requested funding to upgrade their premises over the last year were unsuccessful in securing it. This is supported by NHS England figures that show primary care estates and IT account for just 3% of the total NHS capital budget allocated through integrated care systems each year.

The Royal College of General Practitioners is calling for urgent upgrades to practices' digital infrastructure and premises and further funding to improve energy efficiency. The recent GP Access Recovery Plan includes some initiatives for practice improvements, including one-off funding for digital telephony and care navigation training. However, these will not address the widespread structural issues affecting many surgeries.

Read more about the survey at: <https://bit.ly/4562m4M>