



No funding for GPs' increased salary costs

The Department of Health and Social Care (DHSC) has confirmed that GP practices will receive no additional funding to cover recommended pay rises for salaried GPs and other practice staff, a decision that could cost the average practice up to £40,000. The DHSC announcement follows a recommendation by the Review Body on Doctors' and Dentists' Remuneration (DDRB) that practices should increase the pay of salaried GPs by 4.5% and that other practice staff should receive an increase of at least £1,400, back-dated to April 2022. The DDRB did not make a formal recommendation about remuneration for GP partners, who are not salaried employees.

Although the Government has accepted the recommended pay rise, the DHSC has confirmed there will be no changes to the funding agreed in the 2019 five-year contract deal for GP practices, which is intended to cover all aspects of practice expenses, including salaries. This means there will be no uplift to

practice funding to cover the cost of paying their staff more.

Practices that implement the recommended pay increases face a loss of £35,000 to £40,000 at a time when inflation is already creating increased cost pressures. Practices that do not offer their staff at least the recommended amount will face increased recruitment and retention difficulties at a time when patient demand is rising sharply.

Since 2019, to manage this increasing demand and provide additional support for patients, GP practices have been recruiting a wide range of non-GP healthcare professionals. These newly recruited staff include specialists such as clinical pharmacists, physiotherapists, mental health practitioners and social prescribers, who help people manage long-term health conditions in the community. They also include care coordinators and other professionals who help to improve links with social care

providers. By March 2022, there were over 30,000 staff working in non-GP roles in primary care.

However, according to the NHS Confederation, the DHSC decision not to fund the recommended pay increases will reduce the ability of practices to retain their non-GP staff, leading to unsafe gaps in provision and a poorer range of services. It will also undermine the Government's stated commitment to recruit an additional 6,000 GPs and 20,000 non-GP primary care workers by 2024.

Read more about the pay increases at: <https://bit.ly/3PFIRZk> and <https://bit.ly/3QEPc8P>



High earning NHS workers could face huge pension tax bills

High earning NHS workers, including GPs and practice manager partners, could face a £33,000 tax bill due to the way inflation is applied to their pension. The Government has rejected a call from the Association of Independent Specialist Medical Accountants (AISMA) to repeat the 2019/20 compensation scheme, which protected NHS staff from tax penalties on their pension growth. Under this scheme, NHS high earners such as GPs and clinicians could work at their maximum capacity and take on extra shifts or sessions without worrying that it would impact on their annual pension allowance.

AISMA has also called for an amendment to the inflation measurement for NHS workers to allow for fairer taxation and better forecasting. It predicted that there would be high pension growth in 2021/22 and 2022/23, followed by negative growth in 2023/24, which would see GPs taxed heavily for two years but receive no relief for the third. AISMA is also warning that GPs and high earners could reduce their hours or even take early retirement to avoid tax penalties.

Without the compensation scheme being replicated, all higher earners in the NHS could be affected. This means that while employed practice managers are not likely to be

impacted, managers who are partners in the practice could also face the larger bills. The potential impact will also depend on the amount of pension accrued, meaning younger workers might be less affected.

AISMA has also cautioned that some practices may need to alter the amount they pay their doctors to account for the higher tax bills and has warned that practices that hold back money to help pay doctors' tax bills need to take action now to prepare for the increase.

Read more about the potential tax impact here: <https://bit.ly/3QImxiS>

BDA warns of 'death of NHS Dentistry' in England without major reforms

The British Dental Association (BDA) has warned that there needs to be a fundamental reform of NHS dentistry to address the current exodus of dentists from the service and the crisis in patient access. Thousands of dentists have left the NHS since Covid lockdowns, with almost half of dentists in England reporting they have significantly reduced their NHS commitment.

The current targets-based system funds care for just over half of the population but does not take into account the cost of more time-consuming work – so, in effect, dentists are paid the same whether carrying out one filling or ten.

Under Government plans, the payment dentists receive for hitting a target – the Unit of Dental Activity (UDA) – will be set at a minimum of £23. The number of UDAs dentists receive for treating three or more teeth will increase from three UDAs to five, and root canal treatment on molars will be rewarded with seven UDAs (up from three). The plans also envisage a greater role for dental therapists.

However, the BDA believes the current system is fundamentally broken and in need of wholesale reform. It points out that only around 3% of dental practices will benefit from the introduction of the UDA minimum, and that the changes still fail sufficiently to take into account time-consuming or complex work, particularly for high-needs patients. The BDA stresses that major investment is needed to

reverse years of cuts to funding and estimates that it would take an extra £880 million to restore funding levels seen in 2010. Over 44 million NHS dental appointments have been lost in England since the start of the pandemic – the equivalent of more than a year's worth of care pre-Covid.

Read more about the changes here: <https://bit.ly/3K8zvUR>



In brief...

More healthcare professionals to sign fit notes

A wider range of healthcare professionals in England, Scotland and Wales are now legally able to certify fit notes, under new regulations that came into force on 1 July 2022. Nurses, occupational therapists, pharmacists and physiotherapists can sign fit notes to help ease pressure on GPs and reduce unnecessary bureaucracy. The Department for Work and Pensions has published guidance on the new regulations, which clarifies that healthcare professionals can only issue fit notes within their 'scope of practice'. Ink-only signatures were also scrapped in April 2022 with fit notes now able to be certified and issued digitally. <https://bit.ly/3Aa1ajH>

Dental tourism a growing challenge for practices

'Dental tourism' is contributing to appointment backlogs as more UK dentists are providing follow-up care to patients who have developed problems after travelling abroad for treatment. A British Dental Association survey of 1,000 dentists has revealed that 94% have examined patients who received treatment abroad. Of those dentists, 86% have treated patients who developed problems, with many questioning whether the NHS should provide this care. The survey has also revealed that 65% of dentists said it cost patients at least £500 to repair the damage and 56% have seen an increase in cases related to dental tourism over the last three years. Lower costs and shorter waiting times are the main factors behind the rise in dental tourism. <https://bit.ly/3pDCUS9>

GP practices urged to prepare for automatic patient access to records

NHS England has urged GP practices to prepare for changes that will allow patients to have automatic access to their records via the NHS App. Patients registered with GP practices using TPP and EMIS systems will be granted automatic access to their records from 1 November 2022. NHS England has written to practices asking GPs to identify patients who might be at risk of serious harm from having automatic access to their records and ensure sufficient safeguarding processes are in place. The Royal College of General Practitioners has updated its online services toolkit with new guidance to help practices prepare for the changes. <https://bit.ly/3AfCaYj>

Dentists call for help with rising costs

The British Dental Association (BDA) has urged the Government to provide immediate support to address the impact of rising costs on dental practices. Overall, the cost of delivering NHS dental care has increased by 11.2%, with utilities and lab costs up 35% and 15% respectively. The BDA has warned that, without support, dentists face delivering NHS treatments at a financial loss and will struggle to deliver care and retain staff. As a result, the BDA has called for an uplift in the rate of expenses paid to practices, and for any future uplifts to properly reflect fluctuations in operating costs. It has also called for additional funding to train new dentists and support staff. <https://bit.ly/3pCOGfm>

Locum day rate reaches £1,000

GP practices are being forced to offer significantly higher day rates due to challenges finding locum doctors. In June 2022, locum agency Primary Care Medical Chamber wrote to locums offering a day rate in excess of £1,000 after it secured exclusive contracts with GP practices across the UK. Shifts ranged from ad hoc sessions to three-month block bookings. GP practices have warned that the higher rates are not affordable, but they are being forced to pay due to rising workloads, a shortage of GPs and large patient backlogs as a result of Covid-19. However, rates are expected to stabilise once the patient backlog is cleared. <https://bit.ly/3ADg5Eh>

Trials on use of wireless technologies in healthcare

NHS Digital is running a series of trials to explore how cutting-edge wireless technologies can support patient services. The trials will provide advice and technical support to help participating GP practices adopt wireless technologies, as well as investigate their impact on the delivery of health and care. They will also explore how wireless technologies can support new models of care and allow patients to receive treatment at home or in mobile health settings. The findings will be used to inform guidance and best practice across the healthcare sector. <https://bit.ly/3pCOuNa>



GP numbers in England continue to fall

The workforce of fully qualified GPs in England fell by the equivalent of 442 full-time posts during the 12 months to June 2022, according to figures published by NHS Digital. More GPs are also expected to leave the profession over the next five years.

In June 2022 there were 27,558 GPs in England, compared with 28,000 a year earlier, representing a fall of 2%. This brings the total number of GPs lost since June 2017 to 1,554, a drop of 5.3% over five years.

According to a report published by the Royal College of General Practitioners, the situation is forecast to worsen over the next five years, with as many as 42% of GPs and GP trainees reporting that they expect to leave the profession. As the number of GPs continues to fall, the number of patients has increased by almost a million over the last year, with the result that each GP now has 2,241 patients, an increase from 2,173 in June 2021. In some parts of the country, GPs now have 4% more patients than they had a year ago.

In 2021 GPs provided 367 million appointments, which was unprecedented. During the first six

months of 2022, appointment numbers continued to increase, rising by 8% compared with the same period in 2021.

The NHS Digital figures also reveal a significant fall in the proportion of GPs who are practice partners, rather than salaried employees. In the five years to June 2022, the number of GP partners fell from 20,406 to 16,826. In contrast, over the same period the number of salaried GPs rose from 7,423 to 9,785.

Read more about the figures at: <https://bit.ly/3QWWZyk> and <https://bit.ly/3CnDhYK>

ANDERSON BARROWCLIFF LLP

Chartered Accountants

3 Kingfisher Court
Bowesfield Park
Stockton-on-Tees
TS18 3EX

Tel 01642 660300

Fax 01642 660301

theteam@anderson-barrowcliff.co.uk

www.anderson-barrowcliff.co.uk

If you would like further information on any of the articles in this newsletter please contact James Dale on the telephone number above or email jamesd@anderson-barrowcliff.co.uk

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DHSC analysing CQC consultation responses

The Department of Health and Social Care (DHSC) is analysing responses to its consultation on Care Quality Commission (CQC) regulations. The purpose of the consultation was to determine whether the regulations meet their original objectives and whether their scope remains appropriate and proportionate.

The DHSC sought responses from all CQC registrants, including GP practices, which face an uncertain regulatory future. GPs were also asked whether they thought any changes are required for the CQC to achieve its objectives with a system that imposes less regulation.

The consultation asked CQC providers about the impact of the regulations on their service and staff. For example, providers were asked to estimate the total amount of time their staff spent on updating their registration to reflect a new location or similar change. Looking forward, providers were invited to identify changes to the regulations that would lighten the regulatory

burden while ensuring they were still fit for purpose.

Consultation respondents were also asked whether, in their experience, they believe that providers are treated fairly and equally across all settings, for example in community care, mental health and primary care.

The consultation also sought feedback on whether CQC guidance on complying with regulations and standards was clear and easy for providers to follow.

Shortly after the consultation went live, the CQC confirmed it was considering what is the best model for primary care regulation. This follows an admission that the CQC's inspection and monitoring methodology may inadvertently disadvantage GP practices run by ethnic minorities and accusations of 'soliciting negative feedback' from patients.

Read more about the consultation at: <https://bit.ly/3dOzPMb>