

# Medical update

Trusted thinking for the healthcare sector

## Know what is due for the work you do

With the 2018-19 financial year now in quarter three, practices must be fully aware of contract changes and the impact these could have on funding and workload.

It continues to be difficult to plan for financial impact when the outcome of the Doctors' and Dentists' Review Body (DDRB) award negotiations was only published at the end of July.

From 1 April 2018 an interim 1% allowance for the pay award has been included for practices in England. The revised pay award increases that to 2% which will be paid from October 2018 including the backdated arrears to 1 April 2018. Unfortunately the final uplift is lower than had been hoped for.

Expenses rose by 2.8% while gross income increased by only 1.02%. The expenses to income ratio went up by 0.7% to 64.9%.

### Contract uplift

There will be an investment of £256.3m into the core contract to cover:

- % interim pay uplift for GPs.
- 3% inflationary increase to cover expenses.
- 1% increase in locum allowances.
- Increases to vaccination/immunisation payments.
- QOF point values changed to reflect population ratios.

- A new electronic referrals system payment.

Given a population total for registered patients across GP practices in England of 58.9m at 1 January 2018 this amounts to a total investment of £4.35 per patient.

The new global sum per weighted patient is set to rise by £2.57 from the 2017-18 figure of £85.35 to the current year's figure of £87.92 as at 1 April 2018. The further increase of £1.04 in October pushes the sum up to £88.96.

### Locum Allowances

**First week £1,143.06, then £1,751.52.**

From 1 April 2018, if a contractor chooses to employ a salaried GP on a fixed-term contract to provide locum cover, NHS England will reimburse the cost of that cover to the same level

as cover provided by a locum, or a performer or partner already employed or engaged by the contractor.

### Quality and Outcomes Framework (QOF)

The value of a QOF point will be adjusted in 2018-19 to consider population growth and relative changes in practice list size using data at 1

January 2018.

Based on the data at January 2018 compared to January 2017, there has been an increase in average list size from 7,732 to 8,096. This means the value of a QOF point will rise from £171.20 to £179.26.

There are no changes to QOF thresholds in 2018-19.

QOF indicators continue unchanged except for a minor change to the clinical codes that make up the register for learning disabilities.

### Indemnity costs

There is a non-recurrent investment of £60m, based on unweighted patient numbers, and paid before the end of March 2018 to cover the increased costs of indemnity for the year 2017-18.

This is a payment of £1.017 per registered patient which follows on from the £30m paid towards indemnity costs in March 2017.

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## Enhanced services

The learning disabilities health check scheme continues unchanged except for a minor change to the clinical codes that make up the register.

All other directed enhanced services continue unchanged.

## Vaccinations and immunisations

**The item of service fee for the following programmes is unchanged at £9.80 per dose:**

- Childhood seasonal influenza.
- Pertussis.
- Seasonal influenza and pneumococcal polysaccharide. The payment for pneumococcal PCV will remain at £15.02.

**In addition, the following programme changes are made from April 2018:**

- Hepatitis B (new-born babies) – programme name changed to Hepatitis B at-risk (newborn babies). Vaccine changes and number of recommended doses reduced to three, therefore the payment of the second dose has now been uncoupled from the third dose. This was an in-year change effective 30 October 2017, included for completeness.
- MenACWY 18 years on 31 August – programme removed.
- Meningococcal completing dose – cohort extended to include eligible school leavers previously covered by the 18 years programme. The eligibility is now 1 April 2012.
- Meningococcal B – programme moved to the Statement of Financial Entitlements (SFE) but is not included in the childhood targeted programme (Annex I of the SFE). There are no changes to eligibility of payment requirements.
- Pneumococcal PCV three-month dose – removed from the targeted childhood programme, the date this change is effective from will be confirmed. The funding for

the remaining dose will remain at £15.02.

**The following programmes will roll forward unchanged:**

### Programmes in SFE

- Shingles routine programme for 70-year olds.
- MMR over 16-year olds.
- HPV completing dose for girls 14-18 years.
- Rotavirus
- Pertussis

### Programmes with service specifications:

- Shingles catch-up for 78 and 79-year olds.
- MenACWY freshers.
- Childhood influenza 2 and 3-year olds.
- Seasonal influenza and pneumococcal polysaccharide.

**The item of service fee for nine vaccinations and immunisations programmes increased by 26% from £9.80 to £10.06. These are:**

- Hepatitis B at-risk (new-born babies)
- HPV completing dose
- Meningococcal ACWY freshers
- Meningococcal B
- Meningococcal completing dose
- MMR
- Rotavirus
- Shingles routine
- Shingles catch-up

## Seniority

As previously agreed, seniority payments will cease on 31 March 2020

and there will be a 15% reduction in seniority payments year-on-year.

Those GPs being paid or eligible for seniority payments on 31 March 2014 will continue to receive payments and progress as currently set out in the SFE during the phasing out process.

The money from the seniority pot is recycled into the global sum.

There is still a time lag in finalising the amount of seniority a GP may be entitled to due to the link with final average superannuation and due to the problems being experienced with the GP payment system.

In theory the final factors are known to 2014-15 but Primary Care Support England may not yet have updated its systems to that date.

### Interim seniority factors based on average NHS superannuable earnings:

- 2014-15 £96,097 (England) £84,012 (Wales)
- 2015-16 £95,001 (England) £86,926 (Wales)
- 2016-17 £94,982 (England) £87,219 (Wales)
- 2017/18 £93,540 (England) £89,047 (Wales)

### Final seniority factors:

- 2014-15 £89,573 (England) £82,155 (Wales)

### Changes due from October 2018

A few changes announced will not take place until October 2018. These are covered in a special edition of AISMA Doctor Newsline published in August 2018.



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# Beyond Compliance - GP+ App

We are all aware of how precious and short time is. With a hundred and one things to fit into the daily work routine regular accounting and book keeping matters often take a back seat and are left for another moment.

Unfortunately, in these days of the general practice profits squeeze and ever increasing requirement to act as a business, finance really does need to be a priority for partners and managers in order to keep on top of the position regularly.

Those that have already switched to cloud accounting packages will be well aware of the benefits these systems bring to business and to take one step further for GP practices we have helped to develop an App which will take the Open Exeter statements and post all of that data into your package at the click of a button.

I would therefore like to introduce you to a revolutionary, new and unique accounting solution App called GP+.

GP+ is specifically designed to help GP Practices be more efficient – saving time and therefore money in entering this information into your accounting package, producing regular reports to check all claims have been correctly made and received and a consistent allocation into the different categories to allow year end processes to be quicker for you and your accountants.

## Some of the main benefits are:

- This App is specifically designed to allow automatic uploads of Open Exeter statements into your accounting software. At present, this is only available for QuickBooks online but will be rolled out for Xero users very soon.
- The App works on the same principle as cloud accounting software. All of the entries on the open Exeter statements are matched to your chart of accounts and inserted into QuickBooks at the click of a button. Once set up, the App remembers and replicates from your previous postings and automatically matches them, meaning all that is required is a quick review to confirm.
- In terms of book keeping and processing, we are seeing savings of over an hour a month from non-manual entry of this data.
- You do not need to continually update your recurring journals for those one-off entries or changing amounts.

- You get absolute consistency of allocations of NHS entries, which allows the reports within the App to be used by management to monitor variations and spot any issues early. In addition, the year end accounts analysis is prepared for you. **These savings could account for a days' worth of analysis time saved in the accounts production process.**

The App has been developed under the 'lincify' brand.

Please visit the website for further information and for a free trial version. [www.lincify.co.uk](http://www.lincify.co.uk) Alternatively for more information or to arrange a demonstration please contact me directly.



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# GP Recruitment Crisis

Practice under pressure, partners wanting to retire, is this a familiar landscape for your practice?

Key workforce issues can include nursing shortages and high levels of GP retirement. Current solutions for some of these issues are explained below.

## GP retainer scheme

Could a partner leaving be persuaded to return as a salaried GP under the retainer scheme?

Those who are eligible are: GPs designated as 'retained GPs' (RGPs), any GPs who are not in practice but have practised in the past two years and any GPs who can provide their GP Deanery with 'compelling evidence that they are intending to leave practice and would do so without this scheme'.

The practice can claim £76.92 per session that the RGP works. A retained GP session is 4 hours 10 minutes.

£1m is also being invested in the retention programme, this was announced as part of the GP Careers Plus pilots last November which will be looking at ways GPs aged over 55 can work more flexibly.

## Golden Hello scheme

A scheme offering £20,000 golden hellos to GP trainees in areas that struggle to recruit will be widened as part of a package of measures to address the GP workforce crisis announced by the health secretary in November

The £20k salary supplement is attracting trainees to certain areas of the country where training is excellent, but the application rate has been historically low.

Health Education England alongside CCGs and NHS England operate this and other similar schemes

## Be a training practice

Being a training practice can help recruit from the pool of trainees in practice whilst bringing in additional grant monies.

## Work environment

It is important to bear in mind that there is a vast choice of vacancies available for GPs and the partner route is increasingly not the option of choice.

Take a hard look at how your practice is run, is it an attractive work environment with a solid work life balance?

Business coaching could offer the practice a chance to take a different perspective and improve the balance of where the practice is going and how it operates day to day formulating a strategy for the future.



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