

how 'fit' are health sector pensions?

The future of health sector pensions is still unclear as unions threaten strike action with talks with the Government still ongoing.

The Government plans to increase employee contributions to public sector pensions by an average of 3.2% and raise the normal retirement age from 60 to 68 by 2020. Several unions have planned a series of one-day strikes in November to resist these changes. David Prentice, leader of Unison, announced that the strikes would be on an 'unprecedented scale', including one million workers from the health, local government and education sectors.

So far, 17 health unions have committed to strike action if talks with the Government fail to progress. However the British Medical Association (BMA) and the Royal College of Midwives have

announced that they will not be taking part in the strikes in November, and the BMA is unlikely to ballot GPs on the possibility of industrial action before Christmas.

The BMA has resisted the pension reforms and recently defended doctors' rights to retain the added years scheme, which it maintains should be considered separately to the pension reforms. The scheme, which allows doctors to buy additional years in the 1995 pension scheme, boosting the amount of pension they receive and their tax-free cash allowance, is due to be closed along with the 1995 scheme in 2015. However, Dr Andrew Dearden, chair of the pensions division of the BMA, claimed that as this is a "bolt-on" to the pension scheme it should be reviewed separately, and called for the Government to honour its commitment to both the 1995 pension and the added-years scheme.

The BMA has further criticised the current pension system because contributions made by female GPs before 1988 are worth less to their widower than equivalent contributions by male GPs. At a judicial review, the judge agreed that the policy was "discriminatory" but rejected the case due to cost.

Health sector experts have also expressed concern that the UK's newest doctors will be worst affected by reforms to pensions. They claim that while older doctors have the option to leave their pension schemes with any accrued savings intact, newly-qualified doctors will have fewer options to resist pension changes. The BMA has estimated that new doctors could have to contribute an additional £230,000 to their pension scheme only to receive a smaller overall pension eight years later than expected. The BMA has criticised the Government for failing to produce these figures themselves and refusing to estimate the likely cost to doctors of the pension reforms.



research shows lack of trust in care homes

New research has indicated that an increasing number of people are caring for elderly relatives themselves due to lack of trust in care homes. Research from care organisation Helping Hands found that three quarters of Britons intended to look after their elderly parents themselves because they do not trust residential care homes to look after them properly.

In a survey of 2,000 people whose parents are beginning to struggle to live without assistance in their own homes, eight out of ten said that, rather than putting them into care, they would prefer their own quality of life was impacted by having their relatives stay with them. One quarter of respondents said they feared they would not be able to visit their parents as often as they would like if they went into a care home. According to separate



research from Carers UK, a charity that supports people who provide care for family or friends, the number of Britons with care duties has increased by 9% over the last ten years to around 6.4 million.

Lindsey Edgehill from Helping Hands said: *"The right care home can be the best care option for some, but all of the negative publicity surrounding them is scaring a lot of people faced with difficult decisions about their relatives' care."*

The perception of care homes has

been damaged in recent months by high profile revelations of poor standards, including a BBC Panorama exposé of abusive treatment of people with learning difficulties at a care home in Bristol. The recent collapse of care home company Southern Cross has also impacted the reputation of the sector.

For more information, go to: <http://snipurl.com/vh1ic>

GP groups face commissioning problems

GP groups may face more difficulty in commissioning care than PCTs have done, according to the chief executive of the NHS Confederation.

Clinical commissioning groups (CCGs) operated by GPs will replace PCTs, which are to be abolished by 2013 under proposals in the Health and Social Care Bill. CCGs will be responsible for commissioning care, and will take direct control of a £60 billion budget. Nurses, specialist doctors and other clinicians will also join CCGs, following the recommendations of an independent review of the impact and effects of the Bill.

However, Mike Farrar of the NHS Confederation has warned that, with less knowledge, experience and

support, CCGs will find commissioning tougher than PCTs. The NHS Confederation is an independent membership body representing a wide range of organisations that provide and commission NHS services, including CCGs. Speaking to 'GP' magazine, Mr Farrar said the NHS must recognise the size of the challenge facing CCGs. *"The circumstances are tougher, there are tougher decisions to take,"* he said.

According to Mr Farrar, CCGs may struggle to recruit former PCT managers, many of whom have already left the NHS, and the loss of their knowledge and experience could create difficulties. GPs will need to build new relationships with service suppliers, and will need to be

prepared to make difficult and sometimes controversial decisions. *"We feel that there needs to be a huge amount of support available to them quickly,"* said Mr Farrar, adding that clarity is needed on the support and resources available to CCGs.

Several groups, including the British Medical Association, have already expressed concern regarding the implications of the Bill.

To read the full article, go to: <http://snipurl.com/vovtv>

in brief..

Budget cuts impact funding for upgrades to GP premises

Recent spending cuts and redundancies in Primary Care Trusts (PCTs) are making it increasingly difficult for GPs to obtain funding to upgrade their premises, experts have claimed. Research by the General Practitioners Committee (GPC) in 2006 found that six in ten GPs felt that their premises were not suitable for current purposes. Despite this, experts claim that pressure on PCTs to cut budgets has led to the rejection of many requests for upgrades. Furthermore, requests from GPs to upgrade their premises are often not processed properly as the NHS managers responsible have either been made redundant or moved on. A negotiator for the GPC claimed that the Government had failed to recognise that appropriate GP premises are vital for delivery of more care in the community via general practices. <http://snipurl.com/vdkjq>

Scotland brings forward plans to combine health and social care budgets

Scotland's health and social care budgets should be pooled to improve services and cost efficiency, a recent report on public services in Scotland has recommended. The suggestion, made in the Christie Commission on the Future Delivery of Public Services report, has prompted the Scottish Government to bring forward plans to combine the delivery of health and social care services, investing £70 million in the change. Previous attempts to integrate these services in local communities have been unsuccessful due to the complexities of the delivery of the two different types of care. The BMA supports the plans, recommending that doctors should be responsible for identifying and planning the healthcare services needed in their local community to prevent patients being taken unnecessarily into hospital. <http://snipurl.com/vdfhn>

Privately-run GP practices on the rise

Since last year 8 out of 92 PCTs have increased the number of practices run by private companies, a GP investigation has revealed. The data, obtained under the Freedom of Information Act, showed that 11 practices are now managed by private companies, and only one PCT reduced the number of practices in private control. Dr Richard Vautrey, deputy chairman of the General Practitioners Committee (GPC) expressed concern that private management was "much more remote" and that the shift away from local GPs who are accountable to their community would result in a lower quality of care. However, a spokesman for Assura Medical, claimed that privately-run practices were able to respond more quickly to patient requirements and provide a higher-quality service. <http://snipurl.com/v535c>

Pharmacists concerned about pharmacy rating website

Patients will be able to rate local pharmacies on the NHS choices website from next month. The 200,000 monthly visitors to the website will be able to view a pharmacy's ratings and comments, and also leave their own. The pharmacy chain Lloyds Pharmacy has indicated its support for the rating service and intends to respond directly to the feedback and use it to evaluate and improve its services. However, other industry experts have expressed fears that a disproportionate number of negative or unfair comments may be left by patients. The move is designed to bring pharmacies into line with GPs and dental practices which are already subject to similar feedback systems. <http://snipurl.com/vdd03>

PCTs begin to close or re-tender ahead of switch to GP commissioning

GP practices run by Primary Care Trusts (PCTs) are preparing to close or re-tender in anticipation of the switch to GP commissioning in April

2013, research by Pulse has shown. The research showed that the majority of PCT-run practices have been re-tendered or are due to be re-tendered. In addition, several practices have reverted to General Medical Service (GMS) or Personal Medical Service (PMS) contracts. However, two practices have been closed down, while the futures of a further eight are still under consultation. The closure of these practices has led to concerns for patients, particularly vulnerable groups, who will be forced to transfer to other practices, which could have an adverse affect on the continuity of their care. <http://snipurl.com/vdh2o>

Bupa calls on Government to improve care home funding

Ray King, chief executive of Bupa, has criticised the "chronic underfunding of care" in care homes in the UK. He explained that if the Government did not address the issue of funding to the sector, private care homes would be forced to close, causing bed shortages in the NHS. Mr King's comments came as Bupa published poor results in its care home division, with both profits and occupancy down on 2010. In addition, Southern Cross, the UK's largest private care home operator, was forced to close in July due to difficulties in covering its rental costs. Seven in ten of Bupa's care home occupants are paid for by PCTs or local authorities, which are suffering major budget cuts. <http://snipurl.com/vjvry>

Non-pharmacists owning pharmacies?

A campaign has been launched to convince the Government to restrict ownership of pharmacies to qualified pharmacists. Graeme Stafford of the Royal Pharmaceutical Society's English Pharmacy Board has launched an online petition to urge ministers to allow only pharmacists to own pharmacies. Mr Stafford believes that the public's health maybe at risk. <http://snipurl.com/vdjau>

pharmacists express doubts about new medicine service

With many pharmacists saying they have not prepared for the launch of the New Medicine Service (NMS) in England in October 2011.

The scheme will involve pharmacists advising patients with certain long-term conditions about new medicines they have been prescribed, and contacting them later to ensure that they are taking them correctly. However, less than 60% of pharmacists polled by 'C+D' magazine were in favour of the NMS, with a quarter claiming that they would not have time to provide the service properly. Some 75% expressed concerns that the sector would struggle to deliver

the service effectively. Others feared that the service has been poorly implemented, with one in six pharmacists feeling unready to deliver the service or unaware of it altogether.

Despite widespread doubts about the NMS within the industry, several pharmacist and GP bodies have united to produce schemes to help with the introduction of the new service. The NMS feedback form, which allows pharmacists to send feedback to a prescriber if they identify an issue with a prescription which needs reviewing, has been produced by the NHS Employers, the Pharmaceutical Services Negotiating Committee and the General Practitioners Committee (GPC) of the British Medical

Association (BMA). These three organisations have consulted with local medical committees (LMCs) and local pharmaceutical committees (LPCs) to urge them to facilitate local dialogue between GPs and pharmacists.

Laurence Buckman, chairman of the GPC, commented that communication between these two groups of professionals was vital to the success and effectiveness of the scheme. He explained that *"if both professions can form stronger links it will benefit both them and their patients. LMCs and LPCs are ideally placed to make this happen."*

For more information about the 'C+D' survey, go to:

<http://snipurl.com/vmstf>



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position of PMS practices 'increasingly insecure' after High Court ruling

GP practices delivering medical services under Personal Medical Services (PMS) Agreements have been placed in a "precarious position" by a landmark High Court ruling, legal experts have warned. Solicitors at Lockharts claim that the failure of a group of GPs to successfully challenge the inclusion of a controversial termination clause in their PMS Agreements makes contracts "increasingly insecure", and may result in GPs being forced either to revert to general medical services (GMS) contracts and suffer the financial penalties, or have their contracts terminated.

On 1 April 2010 the Primary Medical Services (Miscellaneous Amendments) Regulations came into force, requiring PMS Agreements to contain a clause providing for termination of the contract by either party on six months' notice without grounds.

When Havering and Greenwich PCTs unilaterally altered various PMS Agreements to include the clause a group of 20 GPs sought judicial

review of the decision. Their challenge failed, with Mr Justice Nichols comprehensively rejecting their application and finding "no reasonably arguable case".

As 40% of practices within England and Wales hold PMS Agreements, the decision has the potential to affect a large number of GPs. Despite a general warning to PCTs from Simon Butler, a barrister who acted for the GPs, that they should not regard the ruling as a 'green light' for terminating contracts, NHS Hertfordshire has since launched a review of PMS Agreements affecting 13 practices. Practices in Newham, Tower Hamlets, the City and Hackney are to feel the impact of similar reviews by NHS East London.

The increased pressure on GP practices comes as the future of the health service as a whole is at risk, with many commentators attacking the Government's proposed health reforms as opening the door to the privatisation of the NHS.

<http://snipurl.com/vfan0>