

CLMC Bulletin 322 – 11.04.17

GMS Contract 17/18 – actions to be taken

The GPC has published this helpful [summary](#) of the main changes and the actions required by practices following the 2017/18 GMS contract coming into effect on 1st April.

NHS PS Heads of Terms

NHS Property Services issued their heads of terms to practices on 31 March 2017. We would like to highlight to practices that these terms are negotiable on an individual basis. We understand the terms sent out are on the basis of a full (internal and external) repairing and insuring lease and it is important that practices obtain specialist professional advice to understand what this will mean and what lease terms are appropriate for their individual circumstances. The heads of terms issued to date are not enforceable, but should be a first step to a negotiation between NHS PS and the practice.

If you are looking to proceed with a lease negotiation, it is vital that you understand your liabilities and undertake appropriate due diligence. We are aware that some transitional arrangements are being offered to practices for signing new leases and would stress that practices should enter into any such transitional arrangements only when they are satisfied with the lease conditions, including all the charges.

With regard to service charges, we maintain that practices should not agree to or pay unreasonable increases in service charges without clarity and full explanation as to how the figures have been calculated. GPC continue to meet with NHS PS so that a robust process is implemented for calculating reasonable service charges that are fair and good value for practices.

Last Partner (Man) Standing Guidance

This GPC [guidance](#) will help GPs to avoid or tackle such a situation 'last partner standing' situations (commonly referred to as 'last man standing', and used to explain a situation where, due to either an exodus of partners and/or lack of successor partners being recruited, one partner – or perhaps more – finds themselves shouldering the full extent of the liabilities and obligations owed by the practice). We understand how serious situation this can be, with partners being unable to retire or, should they decide to wind up the practice, being left to personally fund what can be significant financial liabilities. If you find yourself approaching this scenario, please do not hesitate to contact CLMC for support.

Handing Back Your Contract Guidance

We really did not want to be in a position of needing to share this guidance but, sadly, this is a scenario that is increasingly being considered so we felt this GPC [guidance to support practices](#) that are under critical pressure and are considering handing back their GMS/PMS contract/ winding up their business may be helpful. The guidance looks at the consequences of termination and possible alternatives, but it does not go into detail about selling of assets, the payment of debts and liabilities, or the implications for partnerships and individuals of making staff redundant. These matters should be dealt with only after obtaining professional advice on the processes and procedures you need to follow and the potential liabilities you may face.

Remember that handing back a current GMS/PMS contract would almost certainly be replaced by a short-term APMS contract subject to open commercial tender. We therefore strongly recommend that practices consider alternative means of sustainability, such as practice mergers, super-partnerships or working in different models of collaboration. Practices are urged to contact CLMC in the first instance for help and advice.

Focus on GPFV Funding

GPC has produced this helpful [Focus on funding](#) document to help practices keep track of all the initiatives and funding streams available in the GPFV.

GP Retention Scheme

GPC has provided this [step-by-step guide to accessing the scheme](#), including who is eligible, funding available, support provided to practices employing a retained doctor, and a set of [FAQs](#).

In essence, the GP Retention Scheme (formerly the Retained Doctor Scheme) is a package of support and resources aimed at GPs who may be considering leaving the profession, to remain in clinical practice providing between one and four sessions per week. It includes protected time for continuing professional development with educational support.

The scheme supports both the GP who is being retained and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and support. Retained GPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the GP concerned remains in need of the scheme and that the practice is meeting its obligations.

Practices will be resourced to pay the retained GP an annual professional expenses supplement of £ 1,000 per weekly contracted session to help fund the cost of indemnity cover, professional expenses and CPD needs. The practice will also receive £76.92 per session towards the employment costs of the retained GP, up to a maximum of £ 15,999.36 per annum.

The most valuable resource available to the NHS is its workforce. That is why GPC supports anything that can be done to ensure skilled, experienced and hard-working GPs are able to remain within the profession and that they are provided with opportunities to continue to develop their careers and contribute to the provision of patient services.

SFE Publication and Practice Locum Insurance

The new SFEs have now been published [here](#). One of the most commonly asked questions is with regard to the impact of the new sickness payment arrangements that came into force 1 April 2017 and the requirement on practice locum insurance. All details are now available in the SFE and practices are advised to review their locum insurance cover in light of this to ensure it still meets practice needs.

NHS Digital Figures Show Decrease in Full Time GPs

The [latest figures from NHS Digital that show a decrease in the number of full-time GPs](#) in general practice show no increase in overall GP numbers in England.

These figures underline, despite constant promises from ministers that the GP workforce would be increased by 5,000, just how far we are from meeting the Government's own target. While there have been encouraging increases in other healthcare professionals in general practice, what we really need are GPs who can deliver more appointments and other frontline services to meet rising patient demand.

These figures could be compounded by the triggering of Article 50, creating uncertainty about the future status of doctors and other healthcare professionals from the EU. With almost [half of the 10,000 EEA doctors working in the NHS considering leaving the UK](#) because of the referendum result, this could further reduce the number of GPs delivering care in the NHS.

Clinical Networks

The Clinical Networks [website](#) has been completely redesigned and revamped, with improved functionality for those using it frequently to access resources and group information. The Networks would welcome any feedback or suggestions you might have to ensure the site meets the needs of stakeholders and group members as much as possible.