

Practice finance event Q and A summary

Our sold-out practice finance workshops in January provided the opportunity for GPs and practice staff ask questions to a number of experts and organisations; we have summarised some of these questions for those who were unable to attend.

National Engagement Team (NET) update on Primary Care Support England services – Guy Dickie, PCSE

Notable points:

NET is looking into the possibility of there being more than one contact per practice in relation to the monthly PCSE bulletins. In the meantime, the bulletins are available on the PCSE website.

Practices are encouraged to use his team as a vehicle for constructive feedback about how systems/processes could be changed for NET to feedback to PCSE.

Practices are encouraged to use Paul Coppini and his team if they have any questions.

Presentation Q&A

Q. Who are PCSE accountable to, and what is the escalation process for complaints.A. Please use the online form; if not resolved satisfactorily, raise the issue through the complaint email address on the website. PCSE does not have a service level agreement around time they need to have resolved issues, but they try to do this within 40 days. If practices remain dissatisfied, then they can raise issues through their relevant NHS England team.

Q. Can there only be one named contact on the dashboard as with the PCSE bulletins.A. More than one person can be named on the dashboard.

Q. Is the online form (introduced on 21 December 2017) the correct place to escalate issues? – a practice has been pursuing PCSE for the last year but is yet to receive a response.A. If an issue has been raised since September 2017, then they will be dealt with. However, Guy Dickie recommends that people would be best served to raise any older issues by resubmitting them on the online form. Practices are advised to use the CAS reference number.

Q. Suggestion: rather than implement new services during the ‘transformation period’, PCSE should focus its energies on getting the basics right. Many practices are waiting for patient records – the person raising this point had only just received responses to queries raised in September 2017.A. PCSE can only pass on records that it has been sent. It did an audit last year that indicated that 500,000 records were still residing with old practices. Practices holding onto records of patients who were no longer registered with them were breaching the Data Protection Act 1998. PCSE has a 100 percent record of passing on records that have been given to them. The relevant member of Paul Coppini’s team has been in touch with those practices who are holding onto more than 500 records to ask how they can be supported and helped to send them on.

Q. What about practices who have raised with PCSE the fact that they have outstanding records but received no response when chasing up?A. Guy Dickie apologised and said this was not good enough. He suggested that the practice staff member raising this issue contact the relevant member of the London NET team.

NHS England Vaccinations and immunisations payment process - Kenny Gibson, NHS England London

Notable points:

If all the 15 vaccinations were given to every eligible Londoner, it would require 2.1m extra appointments per year.

138,000 babies born in London every year. 12 vaccines have to be given by the time babies are 13 months old.

£108 million spent every year on immunisations (£83m of which set aside for the 0-5-year olds).

The London team comprises three people only.

Kenny Gibson has written a piece for our newsletter which covers most of the main points from his presentation, which can be read [here](#).

Presentation Q&A

Q. Can cover data be circulate to practices.A. Yes, it will be circulated.

Q. Given the statistic about children/families moving practices every six months, which practice would receive the payment should a child be given a vaccine twice.A. Both practices would receive payments if they had reported the activity on CQRS

Q. Will exception reporting be taking into account in relation to meeting targets? A. Exception reporting was not technically taken into consideration for targets, but if a provider is able to demonstrate a large number of exceptions, Kenny Gibson has the authority to amend the denominator.

Premises costs and payments – Sian Clapton, NHS England London premises team

Notable points:

Practices make claims for reimbursement of rent, business rates, water rates and clinical waste via the generic email addresses

Monthly deadline – for payment in a particular month a claim must be received by 15th of the previous month. E.g. a claim received by 15th February will be paid in practice's normal contract payment run in March.

Reimbursements can be set up for automatic monthly payment based on one annual claim.

If monthly is not appropriate, then practices need to decide when to claim and take into account the 15th of the month deadline.

Very high value rents can be claimed in advance of payment. Where this is agreed, practices are expected to ensure that the reimbursement is passed onto their landlord in an acceptably timely manner. The quicker submit your premises claim, and the quicker you send through your backing documents, the faster your claim will be processed.

Presentation Q&A:

Q. When will Greenwich practices have rent reviews? A. South East London is the last area to be reviewed and practices will be contacted shortly.

Practices can contact the premises team to initiate the rent review in the meantime.

Q. A Merton practice is having difficulty in getting a CMR form, following an agreement to change reimbursement in 2016. The CMR form is needed as evidence of the change. A. Mick Lucas of the premises team expressed surprise that the District Valuer had not given the practice a CMR but undertook to look into this.

Q. A practice has been trying to get agreement from Community Health Partnerships regarding the occupancy of a building for over a year. A. Londonwide LMCs's GP support team offered to take this issue forward if the questioner would supply further details.

Q. Where can a practice get a breakdown of of the clinical waste and rates cost, they're not on the invoices provided by Community Health Partnerships. A. The annual tenant schedule shows the breakdown. It was suggested that the practice concerned contact GP Support for further advice.

GP practice finance overview – Jonathan Weaver, financial advisors

Notable points:

Jonathan covered a number of areas of practice finances, where it was his view that practices should seek professional assistance rather than risk getting important details wrong.

Our next practice finance event will be help on 28 March 2018, covering some of the same ground as the practice finance workshops.