



**Welcome to
Securing practice finances
An easy guide to year end closure and
managing future finances**

Introductions

- Chair for the day – Dr Adam Jenkins
- Londonwide LMCs' team
- Workshop speakers
- Market place exhibitors

Format of today's workshop

- Londonwide LMCs – Overview of the current Londonwide landscape
- GP State of Emergency
- GP practice finance overview
- PH NHSEL – Immunisations and vaccinations
- NHSEL – Premises
- PCSE (Capita) update
- Q&A panel

Today's aims

- Provide information and signposting
- Practical support
- Answer questions & queries
- Provide follow up FAQ guide
- **RESOURCE PACK** – accessible through the online evaluation sheet

Londonwide LMCs' current view of the landscape

- Overarching financial constraints of the system
- STP development and weakening of CCGs
- GP Five Year Forward View
- PMS contract review and GMS equalisation
- Workforce and workload pressure
- Practice mergers, closures and list dispersals

Five Year Forward View

“Over the next five years the NHS will invest more in primary care, while stabilising core funding for general practice nationally over the next two years...”

Published October 2014

Decreased GP funding

Over the past decade, costs of running practices has risen 2.3% and GP earnings have fallen by 16%.

The impact on practices

- GP financial crisis – less funding more expenses
- Recruitment – less clinical and administrative staff
- Teamwork – teams under increasing pressure
- Environment – little support to improve buildings
- Over regulation – CQC preparation
- IT – new systems v old systems
- **Lack of investment** in education and development of practice staff

PMS review

- Starting points variable
- Current status is variable
 - South sector – completed
 - NW – most plans assured and offers being prepared
 - NE – all assured and contract offers agreed or in process
 - NC – commissioning intentions agreed in 4/5; contract offers agreed 2/5
- Assurance process
- Contract offers
- PMS / GMS FAQs and finance guides

Challenges of the review

- Service specifications
- Decommissioning of services
- “Wraparound” contract
- Financial and workload implications
- Mitigating losses – transition
- Clarity of communications
- Deadlines!

Workforce and workload

- Conducted five workforce surveys at six-month intervals
- Practice responses are essential
 - 49% of responding practices had one or more vacancies
 - 37% had a GP retiring in the next three years (May 2017)
- Data varies from area to area.
- LMCs communicate the message on workforce and manage potential risks

Practice mergers, closures and list dispersals

- Increased practice mergers in the last year
- Increased practice closures
- Significant impacts of CQC visits
- List dispersals and impact on neighbouring practices
- GP support case load increased


What's the LMC doing

We continually fight on your behalf at all levels to protect the good things and try and stop the bad.

Overall aim

Support practices and avoid
practice de-stabilisation

April 2016 - GPs in London and across the country declare a #GPStateofEmergency



GP STATE OF

EMERGENCY

#GPStateOfEmergency

GPs in London and across the country declare a **#GPStateOfEmergency**.

Patients risk losing their GPs unless pressures on general practice are dramatically eased.

General practice is at breaking point.
That's not safe for patients or staff.

Visit www.GPSOE.org.uk for emergency resources that will help you through this.

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GP STATE OF



EMERGENCY

#GPStateofEmergency

The story so far

The state of emergency continues

Increasing patient numbers



Decreasing funding









Decreasing GP numbers



What we have done

- Published emergency guidance for practice teams

GP STATE OF EMERGENCY RESOURCES
Emergency Guidance

 Did Not Attend Download	 Housing Applications Download	 Prescribing Guidance Download
 Shared Care Protocols Download	 DWP Appeals Download	 School Sickness Requests Download

What we have done

- Published template letters for practice teams

Letter Templates

These letter templates are designed to save you time when responding to frequent requests.

Letter to hospital provider regarding discharge of patients after missed appointment	Response to inappropriate prescribing requests
Response to secondary care work transfer	Response to requests for post-operative checks
Letter for request to complete non-contractual administrative task	Response to requests to follow up investigations performed in other settings
Letter to area team regarding delay to information request or payment	Response to requests for work absence sick notes for less than seven days
Letter to CCG regarding inappropriate workload transfer	Suggested letter to schools regarding requests for verification for school children sickness absence
Letter to return mis-directed mail	Letter to empower practices to refuse to take on more shared care work
Firearms certificate	Template letter for practices to send to hospitals regarding contractual actions
Template response for missed appointment - BMA Quality First	Template response for onward referral - BMA Quality First
Template response for delayed discharge summaries - BMA Quality First	Template response for provision of medication following discharge - BMA Quality First
Template response for delayed clinic letters - BMA Quality First	Template letter from practices to CCG, informing them of the breach by the provider - BMA Quality First
Template response for follow-up of results and investigations - BMA Quality First	

What we have done

PRACTICE FINANCE GUIDANCE

January 2018

Practice payments can be made in a number of ways, often resulting in confusion for the practice. Also, future funding for practices is under increasing pressure with continuing falling investment. Here is a selection of specific actions and tips to help practices claim, track and reconcile received payments more effectively.

Remember that all GP contracts are subject to review and potential reduction, eg, Minimum Practice Income Guarantee (MPIG) and Personal Medical Services (PMS) reviews.

ACTION: Undertake a financial health check now!

STEP 1

Complete the framework template which covers all current and potential funding streams for income, expenditure and workforce. This can be found on our [GP State of Emergency website](#).

STEP 2

Compare your information against the framework guide.

STEP 3

If your review identifies concerns or issues then you should:

- Ensure practice evidence and audit trails are clear.
- Understand the payment timescales.
- Are there any payments outstanding?
- Ensure you make claims correctly, **within the time frames**, using the correct processes. Don't forget to identify the practice details in any correspondence.
- Understand the claims process and how to challenge.

ACTION: Always challenge if you think a financial mistake has been made whether they are NHSE or CCG based. Contact the LMC (GPsupport@lmc.org.uk) for advice before discussing with any other party.

www.lmc.org.uk

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TIPS FOR MAXIMISING PRACTICE INCOME

Memoire to support your financial systems and processes, you need to be aware of in relation to items around your

Practice list size

is a major factor within the calculations for practice funding, each of your payments.

Expenditure

expenditures of any business including general practice
t skill mix in the practice to deliver services?
ents are being offered per 1000 patients and how does this
ational recommendations (the current recommendation is 72
0 patients per week)?
a policy to identify when locum staff are really needed.
till realistic/affordable (discuss with the practice accountant)?
unctions can be shared with neighbouring practices so as
answering, locums, etc.

Costs

ertaking a regular review of all utility providers and that
value for money.
e that these are correct. This will require having a
ges.
:ts should be annually reviewed, clinical (eg,
ical (eg, photocopiers, scales etc) to ensure you get
acts over.

explore sharing with other practices to secure

Robust systems should ensure that stocks are
haring supplies with other practices to secure

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PRACTICE FINANCE - DEFINITIONS

1 patients)
ractice. The number as at Quarter 2 end, in
le figure (Q1, Q3 or Q4) where a practice has
(Source: NHS payments to general practice)

f the Carr-Hill global sum allocation formula.
sures that resources are directed to
load and unavoidable practice costs. It
GP practice level and an adjustment for
ractice index, comparing the practice
dices are then simultaneously applied
ation. This is calculated quarterly.
(Source: BMA)

r or group of providers to cover
ulation across different care
n per patient.
and payment approach for ACOs)

itions),
provider achieving outcomes
er extent, be free to choose
(Source: National Audit Office)

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Engagement

- Site visits – 16,673
- Page views – 50,772
- New users – 11,876
- Downloads – 16,242



What's next?

- A new and improved dedicated resource website
- Working with patients to get the message across
- Further engagement with MPs and local councillors
- Continued focus providing support to practices



LMC elections

- This year every LMC seat is up for election
- Any GP working in one of the 27 London boroughs we represent may be nominated for election regardless of their contractual status
- We welcome nominations from those GPs who are under-represented on current LMCs
- Serving on your LMC can be a worthwhile and rewarding role