SYDNEY MITCHELL
SOLICITORS

General Practitioners

Legal Briefing

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Tony Harris

Your Partnership Agreement

If you have such a document, then it is likely it has not been checked for some time and if you do not have a Partnership Agreement then we would suggest that you definitely need one.

Whatever changes are finally introduced by the Government in relation to Primary Care, the advent of GP Consortia or such other body that will carry out those functions will mean that you as GPs will have to "sign up" to become part of a GP Consortia. Upon sign up you will be subject to the Constitution of that Consortia. The rules of that Consortia will impose obligations upon each GP Practice and therefore upon each GP. We strongly suggest that now is the time for us to check your Partnership Deed to ensure that it conforms with what will arise in relation to the GP Partners' obligations to the Consortia.

Contact Tony on 0121 746 3332

No decision about me, without me

It is very difficult to compose an up to date newsletter when the situation concerning GP Consortia is so confused at the present time.

I think the heading to this article could as equally relate to yourselves as GPs as to your patients. It almost seems that decisions as to how you should work in future, possibly involving you working more on the business than in the business, are fluid and flexible and we have yet to see after the Consultation Period how the Government will proceed. For example we now hear that commissioners are likely to be given legal obligation to consult Health Watch etc.

We at Sydney Mitchell are keeping up-to-date and we can advice you in relation to GP Consortia from a legal point of view, even if at the present time there appears to be more questions than answers.

It appears that high spend areas eg. outpatients and A&E will need to be reduced in size and that the number of walk in patients to these units will be reduced. The greatest savings of costs are likely to be in these areas with the cascading down of health care from secondary care to primary care. It appears that even GPs will need to look through their lists of patients as the largest spend is always on the smallest number of patients pro rata. GPs such as yourselves will also need to consider Care Co-ordinated Centres ie; to share the care of the elderly with a peripatetic worker. You will need to work more closely with doctors in hospitals and also with clinicians, the general public and even the local vicar!

Indeed it appears the big message at the moment is that you should start looking at all these matters and even start moves towards the local community in setting up Patient Input Groups (PIGs!) and of course involving clinicians more in the community and with the doctors.

Whatever the ultimate changes that occur, we think you will have to consider the following:-

1. Employing a Relationship Manager to liaise between the administrators of that GP Consortia and the GPs.
2. Providing proper business leadership and making your surgeries appear to be more user friendly towards your patients than may be the case (in the eyes of the patients) at the present time.
3. Consulting in detail with the patients as to their requirements and to listen, in detail, to the patient's needs.
4. Ensuring proper quality control.
5. Ensuring there is prompt delivery of services which saves money and involves patients.
6. Considering GP Consortia as evolution not revolution and to accept that you are going to have a public accountability for outcomes.

The Government considers that each Surgery should have a patient representative which the GPs regard as a business colleague and that there must be an interface between the clinicians, doctors and patients.

Continues overleaf

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No decision about me, without me continued

Clearly at the present time there will be great pressure on you to reduce the number of referrals to A&E and to deal with as many Patients as you can within the Surgery. The same applies to outpatients, and then for those patients that need hospitalisation, for the clinicians to meet the patients at your Surgery to assist in reassuring them and also (so it appears) to reduce the time that each patient will spend in hospital.

We can help you and discuss with you all of the above matters and help you consider what terms should be placed into the Constitution of the GP Consortia. It is vital that any GP Consortia is properly set up with regard not only to the limited company which will need to be created but also to the terms of the Constitution and all other such related matters. Any GP Consortia should be correctly established and provide for and satisfy the needs of all of the GPs in the various Surgeries from conception rather than from inception.

One of the many difficulties with GP Consortia will be that each Surgery will need, through its GP Partners to sign up to the Constitution and it is vital to decide at an early stage between all of the GP Partners of the various Surgeries whether eg. each Surgery has one vote or whether each Partner of each Surgery has one vote or whether each Surgery has weighted votes depending on the number of patients per Surgery and how in this event it will knock on into the future as some Surgeries will grow their patient lists and others will not. We use this as one example out of many to alert you to the difficulties that will arise in relation to which we can give you advice at this time.

Any queries concerning the GP Consortia contact Tony Harris on 0121 746 3332

New PCCs

So will the new Health and Social Care Bill have any effect on Rent Reimbursement and new PCC projects? It has to be said that the safest answer is... who knows? What we do know is that the PCTs and SHA's are due to be abolished by 2013 and that all NHS Trusts are to become Foundation Trusts by 2014.

We have to assume that the Rent Reimbursement will continue, probably under a different name, once the PCTs are disbanded.

Clearly there are many of you still practising out of premises that are hardly fit or in the eyes of the Care Trust not Fit for Purpose. There is now a patient awareness and great need for modern surgeries to be constructed which may or may not involve GP Consortia taking part of the premises, as of course did often happen with PCTs taking part of the floor space in newly constructed PCCs.

There may be a slight delay in the funding (under whatever name) relating to the construction of new PCCs, but even so now is the time to start considering the future and not the present. The future is the construction of new surgeries and/or the updating where possible of present surgery buildings.

Free initial advice

We are used to dealing with the creation of PCCs whether Developer-led or Doctor-led and even with LIFT projects where and when necessary and we are delighted to offer free initial advice/consultation as early as possible in such a project as advice given early can often save costs later.

Why not ask us to come and talk to you about such projects? We have considerable experience and can guide you through the early stages, thus saving you time and money. Rather than asking us to assist you once the terms of the project have been agreed, as this can happen once the design of the building has been agreed by you which may not always be for your complete benefit but could also be for the benefit of other occupiers of the new PCC.

For more information or to make an appointment without obligation please contact Tony Harris on 0121 746 3332/07775 127610 or email t.harris@sydneymitchell.co.uk

Establish yourself as a profitable practice!

A forthcoming seminar for those in the Dental profession.

Sydney Mitchell has teamed up with Ballards Accountants and Doctors Invest Direct to bring you a seminar on issues which effect you and the profitability of your your practice.

Join us on **Wednesday 22nd June 2011 at 6.30pm** at the **Birmingham Medical Institute** to find out more and gain some essential advice.

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For more information or to confirm your attendance contact Georgina Smith on 0121 746 3300 or email g.smith@sydneymitchell.co.uk