

Virgin flying high in healthcare

Virgin Healthcare has purchased a 75.1% interest in Assura Medical, paving the way for Sir Richard Branson's organisation to become the country's largest provider of Darzi centres.

Darzi centres are GP led health centres introduced following Lord Darzi's review of the NHS, which began in 2007.

Virgin had previously planned to open around 300 centres, but suspended those plans in 2008 due to difficult market conditions. However, the £4 million acquisition of a majority interest in Assura, provides Virgin with the opportunity to become a major player in the primary healthcare sector.

Assura has 30 GPCOs in total, which are healthcare provider organisations formed in partnership with groups of GPs. The GPCOs represent partnerships with more than 1,500

GPs and services covering more than three million patients in England.

The Assura Group will retain a 24.9% stake in Assura Medical, and will reinvest the proceeds from the sale into the medical business.

Assura CEO Richard Burrell said: "With its strong brand and financial position, Virgin is the ideal organisation to take Assura Medical's business to the next stage of its development. Assura will preserve the upside to the business through its 25% stake, whilst focusing its activities on its profitable property and pharmacy businesses, capable of paying attractive dividends."

Virgin Group founder Sir Richard Branson commented: "Healthcare is a sector that the Virgin Group has been extremely interested in entering for some time but we have always said that the partner and the timing had to be right."

Virgin's original plans for a network of Darzi centres were outlined in 2008 in a series of road shows presented to around 3,000 GPs. The plans included GPs continuing to be self-employed independent contractors and agreeing to be part of a 'peer review' quality system. In return, GPs in the health centres would share 10% of the centres' profits. However, doctors would not be allowed to make referrals to other services provided at the centres unless they made it clear that they held a financial interest.

To read more on the Virgin's acquisition go to:
<http://snipurl.com/un98t>



fear of pharmacy funding change

Changes to NHS funding of pharmacies, according to reports, could damage pharmacy businesses and affect patient care. From April 2010, the central budgets for the pharmacy global sum will be devolved to Primary Care Trusts (PCTs).

The global sum accounts for around 50% of a pharmacy's NHS income. Previously, the global sum was negotiated with central Government. Once the changes are introduced, practice payments and dispensing fees will be paid out of PCT budgets. Funding will be allocated separately for 2010/11, but will become integrated into PCT baselines from 2011/12.

Some pharmacies are concerned that the changes could reduce funding, with PCTs able to manipulate prescription volumes and prescription periods in order to shift funding to

other areas. Traditionally, community pharmacies have not enjoyed a beneficial relationship with local funding organisations.

The Pharmaceutical Services Negotiating Committee (PSNC) has warned PCTs against manipulating pharmacy payments, stating that this could damage pharmacy businesses, disrupt the supply chain, increase wastage, and ultimately have a negative effect on patients. NHS finance directors have written to PCTs to outline this message, but the PSNC wants deterrents put in place and is currently in negotiations with the Department of Health. In a statement outlining a year of challenge and opportunity for community pharmacies, PSNC chief executive Sue Sharpe said: *"PSNC has communicated this clearly to the Department and is in active debate on the measures to put in place"*.



The measures are thought to include imposing financial penalties on PCTs that manipulate pharmacy payments, although any such measures could not be implemented without ministerial approval. The changes come at a time when pharmacies are already facing funding challenges. In February 2010, Lloyds Pharmacy announced possible job cuts due to dwindling funding, with £800 million said to have been removed from contract funding since 2005.

To read more on the announcement go to: <http://snipurl.com/un9er>

To read the reactions from the PSNC go to: <http://snipurl.com/un9f5>

'career in care' funding package

Employers in the health and social care sector are being provided with financial support packages of £1,000 for each young person they employ. The support is available through the Care First Careers initiative, which is a £75 million funding package available to employers in the social care sector and has a target to fund up to 50,000 jobs.

Care First Careers provides pre-employment training packages to people aged between 18 and 24, who have been looking for work for six months, to help them get a job, work experience or training.

Regional publicity events have been held across England, Scotland and Wales to make employers aware of the funding available.

The funding has been put in place to help the UK tackle the extra demand for care services that an ageing population will create in the coming years.

The initiative has the backing of the United Kingdom Homecare Association (UKHCA, www.ukhca.co.uk), which welcomes the Government focus on creating jobs in a sector that sometimes 'feels invisible'.

Colin Angel, head of policy and communications at UKHCA, and himself a former theatre nurse, said: *"The Government's funding for Care First Careers is very welcome. The emphasis is being put on publicising the very worthwhile careers available in the health and social care sector, and we no longer feel invisible to the general public."*

"People in Government, and everyone else, are realising that social care is a significant part of everyday life in the UK. It is not just about the provision of home helps and care staff in domestic homes, nursing and care homes, but about social inclusion of the people the sector cares for."

Mr Angel claims the funding will also

encourage those currently caring for a parent, partner or other relative to consider a career in the caring professions once their personal caring role ends, enabling them to make the most of the skills they have.

He said: *"There is a growing need for more people in social care and personal experience of a caring role can be vital. Carers are often left wondering what to do next, once their caring role ends."*

"This funding will enable experienced personal carers to make the most of this experience, and obtain training to undertake a useful and worthwhile career."

Advertisements on television and in regional and national newspapers, along with regional events, are being used to publicise the campaign and the careers available.

To read more about the Care First Careers initiative go to: <http://snipurl.com/un9gf>

in brief..

CQC urges care shift from hospitals to primary care

The Care Quality Commission (CQC) has published a report which calls for medical care to be shifted more from hospitals to primary care providers. The 'state of health care and adult social care in England' report, recommends that "better joined-up" health and social care is needed in order to make savings on the use of high cost hospital and residential care. The report points out that if the number of people admitted to hospital was reduced, along with the time they spend there, then this could add up to an annual saving of £2 billion for hospital budgets. To read the full report go to: <http://snipurl.com/un9i3>

Government launches consultation on residential social care charges

The Department of Health (DH) is running a consultation on the charging arrangements for residential social care in England. It is seeking views on the proposed amendments to regulations covering residential charging arrangements, which includes what is taken into account by local authorities when deciding how much to charge people for their residential social care. The consultation is open until 23 April 2010. For more on this story go to: <http://snipurl.com/un9j1>

Nurses in Scotland permitted to hold GMS contracts

Nurses in Scotland will be allowed to hold General Medical Services (GMS) contracts, which were previously only held by GPs. Nurses can already hold Personal Medical Services (PMS) contracts but, under the Tobacco and Primary Medical Services (Scotland) Bill that was passed in Scottish Parliament in January 2010, they will be able to hold GMS contracts without being in partnership with a GP. To read more on this story go to: <http://snipurl.com/un9ii>

GPs 'don't feel comfortable' issuing new fit notes, say representatives

Many GPs do not feel comfortable issuing the new fit notes that are replacing sick notes, according to industry representatives. Dr Hugh Laing, an NHS GP, has said that the roll out of the fit note, which is due to start on 6 April 2010, should have begun earlier. He adds that many GPs would like access to an occupational health adviser to help them issue the fit notes. The comments come as research by the Royal College of GPs (RCGP) shows that only 1,000 of the UK's 35,000 GPs have received training for skills in health and work consultations. For more on this story go to: <http://snipurl.com/uuqbx>

Patients miss out on treatment as drugs sold abroad

The Royal Pharmaceutical Society of Great Britain (RPSGB) has called for urgent action after it was revealed that drug wholesalers are selling their stock overseas and putting UK patients at risk with the resulting drug shortages. The RPSGB claims that pharmacies are facing increasing shortages of drugs that are used to treat conditions such as cancer and epilepsy. It suggests that the problem is growing because of the weakness of sterling, which makes it profitable to sell these drugs abroad. For more on this story go to: <http://snipurl.com/un9jy>
<http://snipurl.com/qj9w1>

Welsh Government announces funding for adult autism services

The Welsh Assembly Government (WAG) has announced that it will invest £1.7 million in adult autism services over the three years up to 2013. The money will be spent on improving services for adults with Autistic Spectrum Disorder (ASD). These services will include a country-wide network of diagnostic services, the development of ASD assessment tools and support for adults with Asperger Syndrome. To read more on this story go to: <http://snipurl.com/un9jc>

HMRC 'concession' for medical professionals

HM Revenue & Customs (HMRC) has introduced a Tax Health Plan (THP) for medical professionals, which allows individuals to disclose their arrears and settle their affairs with a 10% penalty, rather than the usual penalty of up to 100%.

The THP will operate in two stages. Firstly, medical professionals with undisclosed tax liabilities must notify HMRC of their intention to make a voluntary disclosure by 31 March 2010.

Secondly, anyone who notifies this intention must make their disclosure and make arrangements to pay any tax or penalties that are due by 30 June 2010. After this date in June HMRC says it will carry out targeted investigations aimed at medical professionals, which could result in criminal prosecution or penalties for those who have not come forward.

Mike Wells, HMRC's director of risk and intelligence, said: "This is the first step in enabling those with undisclosed



income or gains to avoid a full tax investigation. Our aim is to make it as easy as possible for people to come forward."

To read more on this story go to: www.hmrc.gov.uk/tax-health-plan

Steele support for dental trials

The Department of Health (DH) has created a new board to oversee the implementation of the Steele Review recommendations to improve dental services. The board will introduce a series of pilots designed to test the recommendations, which aim to increase access to NHS dental services, introduce a new patient registration system, measure quality in addition to quantity of treatment and encourage more preventative work from dentists.

The independent review of the NHS dental service in England, led by Professor Jimmy Steele, was published in June 2009. The review highlighted

two key areas of concern - a lack of communication in the commissioning process and a variation in the provision of services.

Professor Steele has joined the implementation board, alongside chief dental officer Barry Cockcroft and chair of the General Dental Practice Committee (GDPC) John Milne. The board is currently recruiting dentists and Primary Care Trusts (PCTs) to take part in Steele pilots, which are expected to begin shortly. An initial wave of pilots will test changes to patient assessments and the use of technology. A second wave of full system pilots is expected to begin in September 2010, and could last two years.

The Steele pilots are being introduced



as latest figures show that the number of people accessing dental services in England is rising. According to NHS Information Centre statistics, in the 24-month period ending 31 December 2009, 28.2 million patients saw an NHS dentist, an increase of 1% on the 24-month period ending 30 September 2009.

To read the NHS Dental Services review go to:

<http://snipurl.com/un9gn>



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scrapping thresholds on QOF indicators

The upper thresholds on the Quality and Outcomes Framework (QOF) indicators should be scrapped in order to ensure that patients receive the best quality care, a report has claimed.

Professor Sir Michael Marmot published the 'Fair Society, Healthy Lives' review, which calls for the upper thresholds to be scrapped and for other threshold limits to be raised in order to reduce health inequalities across England. The report highlights that in 2007/08 the average GP practice earned over £120,000 from the QOF. However, it also points out that practices can earn full achievement of points without actually covering all of the area population. The review says that *"this potentially means that those hardest to reach and most in need are not engaged through QOF"*.

The National Institute of Health and Clinical Excellence (NICE) has said it will consider the recommendations in the Marmot Review, although it had already carried out its own review of upper threshold indicators last summer. NICE concluded that raising upper limit thresholds may actually

increase health inequalities because practices in deprived areas would struggle to reach higher levels of achievement and would lose funding.

The QOF was introduced in 2004, as part of the General Medical Services Contract, with the aim of improving the quality of care patients receive and provides financial rewards to GP practices for the quality care they provide. Participation in the QOF is voluntary with the majority of GP practices taking part. The QOF measures the practice's overall achievement against a range of indicators, including clinical, organisational domain, patient experience and additional services. This information is then stored on a national database system, called the Quality Management and Analysis System (QMAS), which is used to determine the level of payment each practice will get.

For more information about the QOF go to: <http://snipurl.com/un99n>

To read the full Marmot 'Fair Society, Healthy Lives' review go to: <http://snipurl.com/un9a4>