

workplace wellbeing can improve your business

The wellbeing of your employees can be directly linked to employee engagement and if your team is engaged then your profitability is likely to be enhanced due to improved productivity.

Kevin Kruse, author of the NY Times bestseller *"We: How to Increase Performance and Profits through Full Engagement"* defines employee engagement as the *"...emotional commitment that we have to our organization and the organization's goals. When we're engaged, we're emotionally committed, which means we're going to give effort voluntarily. We're going to go the extra mile"*.

A recent survey reported that only 17% of the UK workforce is engaged and, worryingly, 26% is actively disengaged, higher than any other country in Western Europe!

Employee disengagement can be the result of a number of factors, which also means that it can be improved through a number of different ways. We recommend that a combined approach and often merely tweaking your existing culture is the best. Encouraging you to be more vocal to celebrate what you do to engage your team is likely to be the biggest cultural shift that we suggest!

Even if you consider your team to be engaged, there could be a wealth of value still to be added by considering workplace wellbeing. Eg, a recent global study identified reasons as to why employers should take notice of workplace wellbeing, some or all of which may apply to your organisation:



- Improving morale/engagement
- Reducing employee absences
- Improving workplace safety
- Improving productivities/presentism
- Maintaining work ability
- Organisational value/mission
- Reducing healthcare costs
- Promoting corporate image or brand
- Social/community responsibility
- Attracting and retaining employees

To assess your workplace can seem like a daunting task but it needn't be. The positive is that there is no one size fits all! Questions to ask yourself about your workforce with employee engagement in mind, might be:

Training, Development and Resources:

How does the organisation support employee personal advancement and career progression?

Leadership: Is there adequate planning and follow through of the organisation's objectives?

Relationship with Line Management:

What is the degree of clear communication, personal engagement and demonstration of fairness and respect?

Organisational Culture and Purpose:

How well is the culture and purpose of the organisation communicated and understood by employees?

Communication: How 'open' is the organisation to communication to and with employees?

Pay and Benefits: How rewarded do employees feel (not just on a monetary basis)?

This is likely to give you a great starting point to then choose maybe just one area to focus on.

You may select to proactively put in place comprehensive policies and procedures setting out, say, family friendly rights. Although you may opt to give your employees only the statutory minimum, to be transparent is likely to bring reassurance and a feeling of security to employees during a significant milestone in their life. Such feelings can positively impact on employee engagement as you are underpinning organisational culture and openly communicating to your team.

UK200Group Healthcare member

GPC raises concerns about new voluntary GP contract

The new voluntary GP contract will leave GP practices at risk from a lack of funding for core services, the General Practitioners Committee (GPC) has warned. The contract was announced by Prime Minister David Cameron in October 2015. According to Mr Cameron, it will help GPs deliver services seven days a week, give them greater control over how they work and result in more funding for primary care. The contract is expected to be rolled out in 2017. To be eligible, a GP practice or GP network or federation must have at least 30,000 patients.

GPC guidance published after Mr Cameron's announcement expressed

concern about the compatibility of the new voluntary GP contract with contracts for core services. In particular, the guidance document questions "whether it will be possible for GPs to maintain a ring fenced budget for core work". The guidance recommends that general medical services (GMS) and personal medical services (PMS) contracts remain separate from contracts to provide other healthcare services.

The GPC guidance document also predicts that the new voluntary GP contract is likely to be awarded on a time limited basis, similar to alternative provider medical services

(APMS) contracts. According to GPC Deputy Chair Dr Richard Vautrey, "*Practices need to think long and hard before giving up their current GMS or PMS contract to join in these new arrangements, as whatever promises they are given about a supposed return ticket, or short term promises about additional funding, this is undoubtedly a one-way street to larger organisations employing and directly managing GPs*".

Read more about the GPC's concerns at: <http://bit.ly/1otXyTb>

The GPC guidance can be viewed in full at: <http://bit.ly/21b4D8V>

Seven day GP service may cause employment law problems

GP practice managers face employment law difficulties caused by the requirement to provide services seven days a week, employment law experts have predicted. It is not anticipated that every GP practice will have to open seven days a week as extended service provision is likely to be provided in partnership with other GP practices or other local healthcare providers. However, GP practice managers will have to deal the impact of any changes to practice opening hours with regard to working hours and employment contracts.

An article in Practice Business Live, published in January 2016, outlined the contractual implications behind weekend and seven-day GP services. Although GP partners are self employed, salaried GPs, receptionists and nurses are employed by the practice. Unlike retail employees, healthcare employees do not have a right to opt out of Sunday working, and this makes it problematic for healthcare employers to require employees to work on Sundays. Saturday working can also cause difficulties for employers whose employees practice, for example,

Judaism or Seventh Day Adventism.

According to the article's authors, changing working hours in a way that constitutes a detriment goes to the root of employment contracts, meaning the employee may be entitled to resign and claim constructive dismissal. Where possible, practice managers should obtain their employees' consent to working time changes. If this is not possible, they can impose the changes unilaterally or end the employee's existing contract (with

appropriate notice) and then re hire the employee under the new terms. However, these are both considered to be risky strategies.

The article concludes by recommending that practice managers consider carefully the changes that may be necessary to provide a seven day GP service and obtain legal advice before making any decisions.

The article is available in full at: <http://bit.ly/1VpT2zq>



in brief...

LMCs back motion to raise GP practice funding

Local Medical Committee (LMC) representatives have supported a motion to increase minimum annual funding for GP practices. At an emergency conference held in January 2016, Leeds LMC proposed that 'all practices receive at least £200 per patient per year'. This would account for 11% of all NHS funding. In February 2016, on average, GP practices were receiving £141 per patient, which the motion described as 'wholly inadequate to provide a safe, sustainable and responsive service'. <http://bit.ly/1RQVGz9>

BMA criticise CQC's proposed fee increases

The Care Quality Commission's (CQC's) proposals to increase its regulatory fees in order to ensure all its chargeable costs are fully recovered through the fees it charges have been strongly criticised by the British Medical Association (BMA). In a consultation document published in November 2015, the CQC time-tabled two options for recovering full chargeable costs. Option 1 would achieve recovery over two years between 2016 and 2018 while option 2 would achieve recovery over four years between 2016 and 2020. Certain types of healthcare provider face greater fee increases than others. For example, if option 1 was favoured, registration fees for community healthcare providers would increase by 10%, from £6,704 in 2016/17 to £7,391 in 2017/18. The fee to register a single GP practice would rise from £725 in 2016/17 to £4,839 in 2017/18 and the fee for registering a multi practice service would increase from £2,681 to £17,893 over the same period. Read

more about the BMA's consultation response at: <http://bit.ly/1QoisJf>
The original consultation documents are available in full at: <http://bit.ly/1SutL2W>

GDC putting patients first over next three years

The General Dental Council (GDC) has outlined a three year roadmap that puts patients at the forefront. The roadmap sets out the GDC's plans for 2016/17 to 2018/19 and has been developed in response to the changing needs and expectations of patients. The GDC is planning improvements to the complaints system, so that where possible complaints can be dealt with at a local level. The GDC is also expected to consult on reforming the fitness to practice process, although consultation details are not yet available. <http://bit.ly/1QoiL6T>

BDIA publishes counterfeit equipment guidance

The British Dental Association (BDA) has published guidance, available exclusively to its members, about the risks of purchasing and using counterfeit dental equipment. It explains what dental practice managers should look for when purchasing equipment, how to spot a fake and what to do with counterfeit equipment. The BDA is also supporting the British Dental Industry Association's (BDIA's) Counterfeit and Substandard Instruments and Devices Initiative (CsIDI). This encourages individuals at all stages of the dental supply chain to report substandard and illegal products, and aims to raise awareness of the dangers of poor quality, counterfeit and illegal dental equipment. <http://bit.ly/1KslcJu>
Read more about the CsIDI at: <http://bit.ly/1otZxXP>

Majority of CCGs to have commissioning powers from April 2016

More than half of the 209 clinical commissioning groups (CCGs) in England will be able to commission GP services in 2016/17. In April 2016, an additional 52 CCGs will become responsible for commissioning GP services, bringing the total number of CCGs with this delegated power up to 117. Initiatives implemented by the current 65 CCGs with commissioning powers for 2015/16 include dropping the Quality and Outcomes Framework (a quality management system for GPs) and introducing new local practice contracts. <http://bit.ly/1mK5Wwb>

Cost of indemnity insurance rises by 25%

GPs across the UK are facing 'out of control' fees for professional indemnity insurance (PII), a survey by Pulse magazine has revealed. The average price of PII cover increased by 25.5% in the twelve months up to November 2015. However, over 10% of GPs said the cost of cover had more than doubled during the same period, and more than a quarter had experienced increases of at least 40%. However, these figures are disputed by the Medical Defence Union (MDU). In a written submission to the Health Committee, the MDU reported that steady increases in the number and value of medical negligence claims have resulted in claims inflation rising by around 10% each year since 2012. <http://bit.ly/1Q3wvlp>



dental workforce confused about NHS Pension Scheme

Research published by the British Dental Association (BDA) indicates confusion about the NHS Pension Scheme among the dental workforce.

Although 61% of dental associates surveyed by the BDA were able to identify the scheme's benefits, 33% were not aware of, or confused about, the advantages.

Questionnaires were sent to 1,218 BDA members as part of the research, although just 157 responses

were received, providing a final sample size of 141 respondents. The majority were aged under 35.

The vast majority of respondents were opted into the scheme, although 6% had opted out at least once since 2006. Just 8% of respondents were opted out of the Scheme when questioned, while 4% did not know whether they were opted in or out.

Only 39% of respondents could confirm that they had definitely received a pensions information pack from the NHS Business Services Authority (NHSBSA). Just over half of respondents disagreed with the statement "I have a good understanding of the NHS Pension Scheme", and a further 18% strongly disagreed. Just 1% strongly agreed with the statement.

Read more about the research at: <http://bit.ly/1RQVjVw>

The research is available in full at: <http://bit.ly/1QLMJSZ>



www.ellacotts.co.uk
e: mail@ellacotts.co.uk

Countrywide House, 23 West Bar,
Banbury, Oxfordshire, OX19 9SA
t: +44(0)1295 250401

Suite 100, 99 Bishopsgate
London, EC2M 3XD
t: +44(0)203 693 7315

Strixton Business Centre
Strixton, **Wellingborough**
Northamptonshire, NN29 7PA
t: +44(0)1933 427333

For further information on any of these articles or to request an introductory meeting contact David Saunders dsaunders@ellacotts.co.uk or Emma Alcock at ealcock@ellacotts.co.uk

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Hull CCG in GP merger drive

Hull Clinical Commissioning Group (CCG) is offering various incentives to encourage the city's 55 GP practices to merge into eight 'practice groupings'. Examples include exit packages for staff, payment of legal fees and funding for new clinical schemes.

As a result of the merger, GP practices will open seven days a week and provide services as part of a multidisciplinary team.

Hull CCG's merger plans are set out in the Hull Primary Care Blueprint,

which outlines the future for primary care provision in the city, and are intended to tackle a shortage of GPs.

The CCG is aiming for full implementation by the end of 2016, although GPs expect slower progress. Dr Russell Walshaw, Chair of Humberside's Local Medical Committee said, "people are changing their views (on merged working) as they start to see the benefits. But it's a very slow process and if NHS England and the CCG is going to put money in it, that's fine, it will need money. But it's in very embryonic stages at the moment."

In January 2016, Pulse magazine revealed that GP practices in the South West were being offered up to £40,000 each to merge with other practices or form local GP networks or federations, and CCGs across England are trying to encourage working at scale in line with NHS England policy.

