

# GP RESILIENCE GUIDE : IS YOUR PRACTICE AT RISK?

## TAKE CONTROL

All practices face risk on a daily basis. Risk can be both internal and external. You need to take control to ensure that you mitigate against all risks as much as possible.

### Internal risks

#### Partnership

**Partnership agreements** – Ensure that you have a current partnership agreement that includes all partners. If it has not been reviewed in the past five years it should be to ensure it is still fit for purpose.

**New partners** – GMS practices can appoint new partners, but need to inform their CCG. PMS practices need to request a change of contract from their CCG before appointing a new partner to the practice.

**Retirements** – You need to plan for retirements in your practice. If you are in a partnership, you should open discussions with your partners as soon as you start to consider retirement so a plan can be put in place. If yours is a single handed practice you should discuss your plans with the LMC prior to notifying any external bodies.

TAKE CONTROL

Consider how you are preparing for retirements. Ensure there is a succession plan in place. Establish whether it is a full retirement or a 24 hour retirement. Read the [LMC guide to 24 hour retirement](#).

#### Premises

**Service charges** – You need to have a clear understanding of what these include.

**Lease agreements** – The most common problem with leases occur when not all of the partners are landlords. The lease is in place to give both parties protection and clarifies the responsibilities of both parties especially when issues arise regarding internal and external building repairs.

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Challenge NHSPS if you do not receive a break-down of what a service charge includes and how the amount was derived.

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Ensure that your lease agreement is current.

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### Finance

**Share of profits** – This is one of the most common reasons for partnership disputes. All parties like to feel that they are appropriately rewarded for their work and this is becoming more difficult in an environment of decreasing revenue. Any partnership agreement should state how profits are divided.



Check that the partnership split is a fair reflection of relative workloads as part of the review of the partnership agreement.

### Employees

**Employing GPs** – You should always check that locums and sessional GPs engaged by your practice are on the performers list.

**Performance/standards** – Standards have always been, and continue to be, high on the NHS England agenda. Ever-increasing scrutiny on numbers and attainment levels, and public transparency for poor achievement, can leave practices highly exposed.



Know the required standards that your practice needs to meet, and to whom they apply, and make every effort to attain them.

### Records

**Records review** – Poor record keeping can result in a poor review in action plans and, ultimately, in breach of contract.



All staff should know and understand the standards and principles for good record keeping.

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## External risks

### Courts (coroner, civil, criminal)

GPs can be referred to the courts from numerous sources. Any threat of either civil or criminal court proceedings should be referred immediately to your medical defence organisation.

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Ensure a prompt response is made to any request by agents of the court.

### General Medical Council (GMC)

The GMC's remit is to protect the safety and interest of patients. The GMC will investigate complaints received from patients, colleagues, or NHS England. In 2012 60% of referrals to the GMC were closed without further investigation and 26% of cases were referred to a case examiner, of which 10% were then referred to a Fitness to Practise Panel.

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Make yourself fully aware of GMC processes by reading their [Fitness to Practise information](#).

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Contact the LMC's GP Support team ([GPsupport@lmc.org.uk](mailto:GPsupport@lmc.org.uk)) for wholly impartial and confidential advice if you are subject to a GMC investigation.

### Care Quality Commission (CQC)

All practices need to be registered with the CQC and should keep up to date on CQC standards. Changes in partnership also need to be notified to the CQC. Any practices who are placed under special measures by a CQC enforcement notice will be given a maximum deadline of six months to improve services, or risk contract cancellation and enforced closure.

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Read the CQC's [guidance on meeting the standards](#).

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## NHS England

NHS England is responsible for GP contracts, performers lists, appraisal and revalidation. Remember that failure to deliver any contractual obligations may result in a breach notice.



Ensure you are aware of your contractual obligations, which will depend on what type of contract you hold. GPs should ensure that they undertake annual appraisal with reflections on all activities.

## NHS complaints

Complaints against practices are increasing. If a patient is unsatisfied with the outcome of a complaint this can be referred to either the Health Ombudsmen or to NHS England who can then undertake a full practice review to investigate this further.



Make yourself aware of the [NHS Complaints Regulations](#) and ensure that you have a robust complaints policy that follows the current NHS complaints procedure guidance.

## Police investigations

Arrest of any professional may result in a report going to your regulatory body. NHS counter-fraud can investigate or refer to the police or regulatory body.

## Safeguarding teams

You need to have policies on safeguarding children and vulnerable adults and to ensure that all staff are trained in these areas to an appropriate level, depending on their role.



Be aware of [government policy on adult safeguarding](#).



Read the [GMC's guidance on the responsibilities of all doctors in protecting children and young people](#).