

Between the lines

'Analysis and explanation of things that matter to Nottinghamshire GPs'

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Supporting GPs' wellbeing

The recent suicide of a respected local GP colleague (see obituary on p.4) served as poignant if extreme example of a problem with which the whole profession is afflicted at present. It prompted GPs locally to think about the pressures many colleagues are subject to on a daily basis, which are leading to severe stress, burnout, mental illness and addiction problems. Surveys showing just how many GPs are feeling stressed or burnt out also reveal just how great a number of these are planning to take early retirement, thereby compounding fears of an impending workforce crisis.

While the need for GPs to access personal support has never been greater, much of the supportive structure on which some GPs were formerly able to rely has, perversely, disappeared, as funding for mentors has failed to materialise and funding for GP tutors and for access to NHS occupational health services has been withdrawn. This has left the LMC's pastoral network as the only remaining accessible form of free, confidential support for GPs needing help in Nottinghamshire.

Over the years this network has provided invaluable support to a small number of GPs in crisis and, having no shortage of time to devote to those GPs, the retired GPs that act as our pastoral advisors have done a great service to the profession locally. However, our advisors themselves have recognised that services they provide are sometimes not enough and that other more specialist help is sometimes needed, and access to a more comprehensive range of support is also needed to help the

vast majority of GPs who are not yet in crisis but merely struggling to cope. To address this, the LMC recently contracted with a number of psychotherapists qualified to deal with stressed or mentally ill GPs to whom its advisors could sign-post colleagues in need and added to our network a practicing GP who has been trained to treat colleagues as patients and a retired psychiatrist. We also commissioned another GP to develop a career guidance service. But will even these enhancements be sufficient?

Learning that colleagues in Derbyshire shared our concerns, a small group of GPs operating under the auspices of both LMCs met recently to discuss the setting up of a comprehensive mentor and buddying network, which would link with other support services. When, fortuitously, a task group set up by Health Education East Midlands to look at the recruitment and retention crisis invited bids for funding, derived in part from the non-recurrent underspend on VTS schemes, this group seized on the opportunity and has submitted a joint bid to support the new services. Fingers are firmly crossed at present in the hope the funding will be granted to support the creation of a comprehensive network of buddies, mentors, counsellors, psychotherapists and pastoral support workers to help ensure no GP is in future left to struggle unsupported, and that our older colleagues feel able to carry on working when otherwise they would have sought to hang up their stethoscopes prematurely.

**Chris Locke, Chief Executive,
Nottinghamshire LMC Ltd**

New NHS policy direction outlined

Just as the decision to link the Notts/ Derbyshire Area Team with Staffordshire and Shropshire Area Team as part of the latest reconfiguration of NHS structures is effectively a "done deal" so too it seems is the transfer of CCGs of fully delegated responsibility for managing GP contracts. However good the relationship between GPs and the CCGs at which they are members, it is difficult to avoid the conclusion that the latter will end up looking more like the PCTs they replaced. But not everything seems like "business as usual" since the new NHS Chief Executive, Simon Stevens, took office. Recognising the pressures on the whole system at present, Mr Stevens has, in his recently published *NHS five year forward view*, set out some radical new

thoughts about the future of the NHS and has given official sanction to more joined-up working between primary and secondary care in forms that would seem unthinkable a few years ago. While GPs might fear *vertical integration* if it means NHS Trusts and private providers of secondary care might end up running some GP practices, the prospect of GPs and consultants working together for the good of patients as part of a multi-speciality provider organisation, seems altogether more appealing. And, by promoting *integration* above the now devalued obsession with *choice and competition*, the forward view gives us hope of a welcome dose of common sense and realism penetrating the confusing fog of policy at NHS England.

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NOTTINGHAMSHIRE
LOCAL MEDICAL COMMITTEE (LIMITED)

LMC

REPRESENTING AND SUPPORTING GPs

Chairman's Message

The New Year brings a fresh start for many. We encourage resolutions: lose weight, get some exercise and stop smoking being the usual messages year after year. Although we are responsible for our patients we must also look after ourselves and our businesses as well.

Three things have caught my attention recently. Overweight health care workers - are we practising what we preach? Pastoral care - are we helping to look after our colleagues, or are we so "nose to the grindstone" we are missing the obvious symptoms of physical or psychological illness in others? Federations: a trendy

"buzz word" which many are ignoring, but are they going to be a necessary part of General Practice in the future? Indeed they may be our only route to long term survival in the present climate of change.

As always, the LMC is ready to help and many of you will be aware of discussions about the latter two towards the end of last year. There will be more to follow during 2015 and I would encourage as many as possible to become involved in local discussions, particularly the younger members of the profession: you are the future of the NHS.

Dr Greg Place



Partnership Mergers

More and more GP practices are thinking about a merger with another practice. For some it is form of retirement planning. We have come across several examples of smaller practices who find it hard to find successors, and a merger with a neighbouring practice offers both parties something positive. For a sole practitioner there is the knowledge that the patient list will be in good hands. For the merger partner they know that they should acquire the list when the sole practitioner retires. Sometimes, for the retiring partner, there is the added benefit of selling the practice premises with the benefit of the value of the ongoing notional rent rather than a bricks-and-mortar sale if the practice closes on retirement.

A merger can also offer longer term security for a two or three partner practice where one retires - especially where the age profile of the partners is such that there may be another retirement in the not-too-distant future. The last remaining partner will have to find a new partner or partners at some time in the future, and if there's a suitable merger partner, then this may be more attractive.

There is sometimes safety in numbers - a partnership of 7 or 8 is more likely to be able to manage the disruption of one or two partners leaving together than a partnership of 2 or 3.

Other benefits might be:

- **Economies of scale in overheads, space utilisation, purchasing**
- **Efficiencies in the management of the NHS contracts and in dealings with CCG, CQC and NHS England**
- **More flexibility to cover absences and staffing changes**
- **The potential to share the risks and rewards of the ownership of the practice premises over a larger number of partners**
- **The increased opportunities to respond CCG tenders**

Nelsons Experience

Although we are not a GP practice, we have many, many years' experience of advising GP partnerships. We have advised GP practices who have merged and, indeed some that decided not to. We have also been through a series of partnership mergers in our own history, in each of our offices in Nottingham, Leicester and Derby. Most notably and ambitiously we merged with three other practices to set up our Leicester office with around 20 partners in the office within less than 6 months. This experience has given us first-hand experience of the process and issues in successful mergers.

Jim Carter, Partner, Nelsons Solicitors

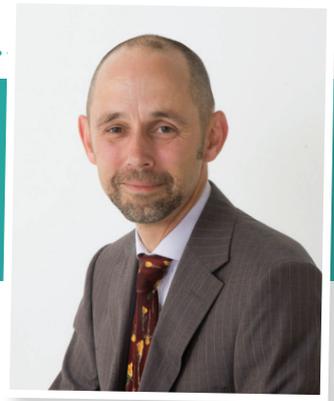
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Some key issues

Based on our experience here are some key issues:

- **Don't rush** - get it right, for the consequences can live with you for a long time.
- **Do the people fit?** If they don't/ won't there's little point in wasting a lot of time exploring further.
- **Due diligence** - full and frank disclosure is essential if the merger has any prospects of getting underway. We are all sensitive about the running of our business, but, subject to appropriate obligations of confidentiality on both sides, is there real damage in disclosure to a potential merger partner?
- **Staffing issues** - will there be redundancies/changes of responsibilities? Managing the process and the timing of consultation is key to avoid protracted and sometimes inaccurate rumour mongering with consequential loss of morale
- **Invest** in good accountancy, legal and property advice.

Appeal tribunal rules that non-guaranteed overtime should be included when calculating holiday pay



In this article, John Krafts of KHR Consulting Ltd looks at the long awaited judgment relating to holiday pay and the inclusion of overtime payments in such holiday pay calculations.

The Employment Appeal Tribunal (EAT) has decided that 'non-guaranteed' overtime pay should be included in the calculation of holiday pay. This is overtime that an employee has to do if the employer offers it, but which the employer does not guarantee to provide.

The EAT indicated that it was a significant factor in its judgment that the employees in the cases before it were required to work the overtime on a regular basis.

The EAT decision relates to a number of cases being heard together on this issue, now known collectively as the Bear Scotland case but previously known as Neil v Freightliner which has now been settled out of court.

The ruling is in line with earlier cases on the calculation of holiday pay, such as British Airways v Williams and Lock v British Gas, which gave rise to many reports suggesting that employers faced claims going back to 1998 when the Working Time Regulations came into force.

Employer liability

A positive note for employers is that the latest decision has put limitations on how far back employees can claim. The EAT said that if employees were claiming for a series of deductions from wages (one of the ways to claim for underpayment of holiday pay), the series would be broken if there is a gap of more than three months between those deductions.

The EAT has also confirmed that the inclusion of non-guaranteed overtime pay in the calculation of holiday pay only applies to the four weeks' paid leave employees are entitled to under EU rules, not to the additional 1.6 weeks' paid leave they are due under the UK's working time regulations.

This increases the likelihood of there being a gap bigger than three months between underpayments, and law firm

Pennington Manches says that claims for underpayments before the three month gap "will normally be out of time".

Practical steps

The firm suggests that from now on employers should "consider including any variable payments which meet the test of 'normal pay' (a payment sufficiently permanent and intrinsically linked to the tasks the worker is required to carry out) in holiday pay."

This could include shift pay, commission, some bonuses and other variable payments "unless they are genuinely ad hoc, and will include overtime that is guaranteed by the employer or compulsory for the employee.

The position regarding truly voluntary overtime is less clear and would definitely not be covered if not worked regularly." Pennington Manches advises employers to use the 12 week reference period under the Working Time Regulations to calculate this type of holiday pay and also suggests companies should audit their 'variable pay' systems to assess the risk of claims and perhaps consider adjusting them for the future.

Law firm Trowers and Hamlin suggests that one possible option for employers trying to minimise their liability for increased holiday pay is to "offer voluntary overtime instead of non-guaranteed overtime, giving employees the option to refuse to work the extra hours. Bank staff or agency staff could then be used to cover periods of increased demand."

Possible appeal

The EAT was asked to refer the way it has interpreted the time limits for bringing a claim for underpaid holiday pay to the European court. It refused that request, but did give permission for the issue to go to the Court of Appeal. Gearalt Fahy, partner at law firm Watson Burton, said the EAT

judgment "may offer some welcome relief to employers" but said the possibility of an appeal may mean the "final outcome could be years, rather than months away." Noele McClelland, head of Thorntons employment law team, thought an appeal could take as long as five years if it went all the way to the Supreme Court, and suggested employers may wish to act now.

"There are currently thousands of claims either going through early conciliation with Acas, or ready to be raised, which were waiting for the employee of this decision," she said. "Businesses may want to take advantage of this judgment and seek to settle any historic claims, which will most likely only have a small value, before an appeal court takes a different view."

Government taskforce

The government is to set up a taskforce, including employers' groups such as the EEF manufacturers organisation, the Federation of Small Businesses and British Chambers of Commerce, to work out how to limit the effects of the judgment on businesses. Business secretary Vince Cable said the government "will review the judgment in detail as a matter of urgency".

Acas has urged employers, workers and trade unions to discuss any concerns arising from it "with a view to seeking agreement on any temporary measures or policy changes they feel may be necessary".

Further information

John runs Kraft HR Consulting Ltd which supports General Practice and other small and medium sized businesses on human resource management issues and can be contacted on john@khrconsulting.co.uk or on **0115 849 1753**.

If you wish to explore this issue further with him, he will be happy to give advice. Initial consultations are always welcome and always free!

Obituary: Ian William Lindsay McCulloch

31.08.1957 – 30.10.2014



Ian arrived in Nottingham in 1987 having qualified at Dundee and completed his Vocational Training with the Army. He joined Dr Chris Clarke and Partners in West Bridgford, later to become Musters Medical Practice after a major refurbishment of the premises in 1995.

As well as establishing himself as a popular and well respected GP, Ian quickly became involved in collaborative schemes aimed at improving the quality of local General Practice and raising standards of care throughout Nottingham. He was an early member of the Nottingham Non Fundholders and would continue to contribute in the area of local commissioning throughout his career, more recently with the Local Ophthalmology Group. Ian was keen to facilitate ways of working that were practical and

achievable, whilst still delivering high standards and to this end he developed a Clinical Governance Matrix that was later utilised around the country. A strategic thinker and also a shrewd businessman he proposed the idea of a Local Buying Group to enable practices to take advantage of discounts on larger purchases. Having set up the scheme Ian handed over responsibility for its continued organisation to the Nottinghamshire LMC. The scheme successfully runs to this day and has been adopted by many other areas.

Minor Surgery was a large part of Ian's clinical practice, he founded the Nottingham consortium for Community Vasectomies and developed a Community Chalazia service. He was heavily involved in teaching others about Minor Surgery, running regular courses for the Vocational

Training Scheme and national courses for established GPs in Manchester and Sheffield.

Ian became a trainer in February 1996. Since then more than fifty Registrars have benefitted from his mentorship, many of whom still work in the local area.

Outside of work Ian was an enthusiastic golfer, a keen cook and enjoyed walking his dogs. He leaves his wife Alison, and children Jamie and Ellie. His elder daughter Emma died at the age of fourteen in 1997.

Libby Smith, Gavin Derbyshire and Richard Barnsley, Partners at the Musters Road Medical Practice

Are you receiving the fortnightly email newsletter from Chaand Nagpaul?

Every two weeks the BMA distributes an email newsletter from Chaand Nagpaul, Chair of the General Practitioners Committee, to all GPs for whom they have email addresses, irrespective of whether or not they are BMA members.

If you aren't receiving Chaand's newsletter direct from the BMA:

- BMA members please check your email details through the BMA website www.bma.org.uk and update if necessary; if you haven't already done so, you will need to register to set up a web account
- Non-members with web accounts can also update via the website. Other non-members should send their email details to membership@bma.org.uk quoting their GMC number
- If you are experiencing problems with updating your details, please email membership@bma.org.uk

The Last Word

While the NHS is the UK's largest employer, can it also lay claim to being among its worst?

That would probably be the conclusion of the many admin and management staff displaced by the latest configuration of NHS England Area Teams and Health Education England workforce teams, for whom the end of 2014 is a miserable and unsettled time. The callous disregard for the wellbeing of staff beggars belief but can we be assured of the prospect of stability following the latest reorganisation?

Almost certainly not, given that there is a general election pending and whatever the outcome of that election we know that:

- a) there is much public concern about our health services;
- b) despite talk of extra investment in the NHS, the reality is likely to be further cuts in services, and
- c) politicians just can't help interfering and (although there is no evidence for it) always look upon change as a proxy for improvement.

In the latest changes one familiar face has gone (that of Area Team Director, Derek Bray, who resigned in October) but the new supremo of the amusingly titled North Midlands Area Team is a familiar face to many who, uniquely, seems to have survived every NHS reorganisation to date unscathed. This is Wendy Saviour, the Chief Executive of the former Nottinghamshire County PCT, whom we at the LMC look forward to welcoming back to our hallowed climes. One unexpected benefit of this change is that the impressive photo montage pictures adorning the walls of Birch House, which Wendy herself commissioned when last in post, and in which her pleasing countenance is featured, will, unexpectedly, not now need to be changed (at least for a few years). We can imagine Wendy looking wistfully at those portraits of herself from only a few years previously on one of her no doubt fleeting future visits to Birch House as she contemplates writing her greatly anticipated instruction manual "How to be an NHS change management survivor".