GPs face pay delays as PCTs outsource to India

07 Sep 2011

Exclusive GPs have been beset by a ‘catalogue of problems’ in paying practices and ‘unacceptable administrative errors’ after PCT back-office functions were outsourced through a controversial joint venture between the Government and a private firm.

GPC leaders met last month with NHS Shared Business Services – run jointly by the Department of Health and private company Steria – following a series of complaints from GPs, including over errors in processing work outsourced to India and confidential patient information sent to the wrong PCT.

LMCs in the East Midlands and across London have reported delays in registering patients and delivering capitation payments to practices, errors in reimbursing practices for registrars, mistakes with transferring patient records and inappropriately managed list validation.

GPC chair Dr Laurence Buckman said negotiators had acted after subcontracting of services had left practices ‘very adversely affected’ by delays to payments without knowing who to chase up: ‘GPs are being hit by the way it is being done. They used to be able to call the PCT to address problems, but now they have to phone someone they have no relationship with – bits of it are outsourced abroad.’

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NHS Shared Business Services said it had met more than 99% of its service level agreements and dealt with ‘early issues’ in a ‘timely and efficient manner’.

The organisation said it had been ‘pleased’ to meet with GP representatives: ‘There were concerns around some specific areas of the service. We are dealing with these. We will review operational procedures and make changes where necessary.’

Chris Locke, chief executive of Nottinghamshire LMC, said practices had experienced a ‘catalogue of problems’: ‘The biggest issue has been GP registrar pay – practices have not been reimbursed properly. There have also been delays in patient registration and payments ending up in the wrong bank accounts.’

Dr Greg Place, chair of Nottinghamshire LMC, said: ‘We’ve had rather slow financial [transfers]. They are not being very quick with note transfer either. There has been quite a lot of disquiet.’

The LMC has also raised the alarm over an ‘unacceptable error rate following processing work being undertaken in India’, while NHS Derby City reported a ‘serious incident’ after patient-identifiable information was sent to the wrong PCT.

NHS East Midlands said NHS Shared Business Services was working ‘directly with PCTs’ to address the issues.

In London, problems include the list-cleansing drive in Brent, first revealed by Pulse in March, which saw 38,000 patients stripped from practice lists. GPs in Tower Hamlets have also complained about the transfer of patient notes.

Dr Michelle Drage, chief executive of Londonwide LMCs, said: ‘This isn’t just about GPs having delays in payments – the problems can have an impact on patient wellbeing as well.’

A DH spokesperson said a framework awarded to NHS Shared Business Services in 2004 allows the venture to be handed contracts without competitive tendering until the framework expires next March.

NHS Shared Business Services provides back-office support for 46 PCTs and nine SHAs. But North Essex LMC has successfully campaigned against the venture taking on services, and LMCs across the South West hope to block a proposal for the venture to run administration of family health services.

Dr Philip Fielding, chair of Gloucestershire LMC, said: ‘We’re questioning whether we have seen the full business case. We have a good service already.’
READERS' COMMENTS

Allan Stewart, Practice Manager,
07 Sep 2011
Shared Business Services are very difficult people to deal with.

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Robert Thompson, Practice Manager,
07 Sep 2011
GMS Contract holders - could be a breach of clause 473 of your contract "prompt payment by the PCT".
Clause 547 lets you send a “late payment notice” to your PCT if it happens !!

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Anonymous, Work for health provider,
08 Sep 2011
The tender framework the DH spokesperson refers to here is NOT for Family Health Services - it was for Book-keeping Services, which is invoice processing, accounts etc.
Therefore NHS SBS are NOT, under the existing tender, legally entitled to take contracts to deliver FHS services

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Anonymous, PCT,
08 Sep 2011
It's ironic that as many high profile private sector companies are reducing their offshore activities/call centres etc (as their customers have complained about quality of service) the NHS is even considering SBS proposals of shifting a percentage of work overseas. Apart from the direct impact on jobs in the UK it will undoubtedly, lead to a reduction in quality of service as highlighted by the above report.
GPs lose quarter of patient lists as list-cleansing 'cock-up' blocks practices' appeals

25 Jul 2011

Exclusive GPs have had up to a quarter of their patient lists removed without their knowledge in one of the most brutal list cleansing drives to date, Pulse can reveal.

Practices in Haringey, north London, have had thousands of so-called 'ghost-patients' taken off lists by NHS Haringey as part of a cost-cutting drive. But LMC leaders claim many patients have been wrongly removed, and say they were prevented from discussing the removals with the PCT because of IT software glitches which led to patients being removed without GPs' knowledge.
It comes as PCTs increasingly move to ramp up their list-cleansing schemes in order to meet targets set by the QIPP efficiency drive, with Pulse reporting last month that nearly 40,000 patients were removed from GP practice lists in NHS Brent alone.

GPs said the latest cull has been compounded by a glitch in the computer software used to appeal against the FP69 tags applied to patients, which meant GPs were not alerted when the PCT rejected their appeal against patient removals, and only became aware when the patients had already been taken off their list.

They argued they should have been made aware so that they could try and negotiate with the PCT before the patients were removed, and warned practices are set to be penalised financially as a result.

Dr Martin Lindsay, a GP in Haringey and chair of Haringey LMC, said 1,500 patients had been removed from his practice, but estimated that only a third of these were legitimate.

He told Pulse: ‘We have a list size of about 11,500 - 1,500 were removed, of which only 500 were legitimate.’

Dr Lindsay said GPs were dismayed they did not have a chance to discuss the removals with their PCT before they took place.

‘The PCT looks at the ones we've rejected. With the ones they disagree with, they reject our rejection, but that doesn't show on the computer system, so we are not being told. Therefore, you won't know they've been rejected until you suddenly don't see the payment.’

‘The thing is faulty. The label or code should change saying 'please speak to the PCT', or 'we have rejected your rejection'.

He added: ‘Not only should they be reimbursing us for those patients who have been removed erroneously, they should be paying us for this extra admin cost. It's their cock up as far as the IT is concerned, but we are being financially penalised.’

Dr Lindsay said GPs in Haringey still had time to appeal the decision, as the payments would not start applying until the next financial year. But he said any similar schemes carried out in areas that pay GPs on a quarterly basis could cause 'real trouble'.

Dr Tony Grewal, medical director of Londonwide LMCs, said some practices in Haringey had lost more than a quarter of their patients through the latest scheme, which he said had not been agreed with LMCs.

He said: ‘I'm aware of one practice where 500 out of a list of 1,700 were deducted.’

‘We're aware that list cleansing as a money saving exercise is part of the QIPP plans for all of London so we've been quite alert to it. But we had an undertaking that nothing new would take place without consultation. Now that has been broken.’
NHS Haringey had not responded to a request for comment by the time of publication.

READERS' COMMENTS

Anonymous, PCT,
25 Jul 2011
Dr Martin Lindsay, a GP in Haringey and chair of Haringey LMC, said 1,500 patients had been removed from his practice, but estimated that only a third of these were legitimate.

So he was happy to accept that he had 500 ghost patients, which of course are linked to the contract payments. In many other fields this would be called fraud.

Carlos Knorr, GP Partner,
25 Jul 2011
and i would add that the money he received erroneously will need to be paid back with the appropriate admin fee !!!

Mary Hawking, GP Partner,
25 Jul 2011
What are the current requirements for PCTs indulging in list cleansing?
Back in the 1980/90s, they were required to send a recorded delivery letter to the patient: I remember a large number of highly indignant (and well organised) patients who could not be registered because the then PCO said that recorded delivery letters had been returned - and they would not accept that the patients were still at the same address: we could never get any documentation of the recorded delivery posts.

What are the selection criteria the PCTs apply in checking possible "ghosts"?
I suspect they are not sending recorded delivery letters to the whole of the population of the PCT - and if they
are not, how are they selecting the targets, and have they allowed for cultural and language/literacy/immigrant status issues? If you cannot read yet another circular, would you spend time trying to understand it?

Any ideas on whether there is any due process involved? Or does "transparency" not apply to QUIPP?

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Anonymous, GP Partner,
25 Jul 2011

He should have been carrying out regular reconciliation of his list with the PCT to keep an accurate list size.

Does he expect to be paid for ghost patients. Is he chair of Haringey LMC!!!!!!!

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Jaqcqueline Marshall, GP Partner,
26 Jul 2011

The whole situation is untenable. Genuine patients that we try to appeal are just bounced back again. SBS the private company dealing with the list cleansing exercise are uncontactable and seem to be also unaccountable. In addition we are finding it increasingly difficult to register new patients as the PCT are bouncing the applications for the most pathetic of reasons eg a hyphen in the wrong place, a date entered as 01 whereas they may have 1, no maiden name, and best yet "Have they ever lived in Barnet"? Very often the data entry is wrong at their end and they lock the information so that we cannot even correct their mistakes. So the patient remains unregistered. We are being asked to see these patients and care for them by the PCT but they are not prepared to pay us. There is also the complication that if they then need investigation or referral to hospital that they may not be entitled. It is very frustrating when we are trying to do our medical best for patients and the infrastructure lets us and the patient down so badly.

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Anonymous, Community pharmacist,
27 Jul 2011

On a tangent, but only slightly, I find it hard to believe that practices linked with Universities are able to do a compulsory re-registration students.

On the first day of the new student year, my son queues up to have his BP, Height, Weight and smoking
status check. Even when his BP was high the person doing the check did not mention anything. He has not visited the practice at all as he has not needed to and if he needs to see the GP whilst at home he now has to register as a temporary patient with what is his family surgery.

Could this account for some of the ghost patients, when surgeries are deliberately registering patients that are very unlikely to need their services

... ... oh but that doesn't matter as long as they have asked them if they smoke, taken their BP, height and their weight.

Duncan Mann, Practice Manager,
29 Jul 2011
I don't think many practices aim to maintain a large cohort of ghost patients on their lists. Practices don't as a matter of routine send out letters to patients validate that a current registration is still valid. It would be a massively costly task to, say, annually write to patients with whom they have had no contact within that time to confirm that they are still resident at the declared address.

The PCTs have for many years carried out this task, and I don't think that practices have a problem with this when done in an appropriate and efficient way - it is abundantly clear that PCTs are in the interests of cost savings pushing the boundaries of what is ethical. In my practice, although we have not had to deal with anything like the volumes outlined in this article, we have had to deal with numerous complaints from patients who are incensed that they have been deducted for no apparently good reason, and this often engenders very negative perceptions about the practice and (when we explain that this process it outside our control) the PCT.

Bottom line is that if the PCT get it right, and handle the process sensitively and efficiently, practices will have no problem with this process. To suggest as some commentators have that Dr Lindsay is acting fraudulently is frankly to fail to understand the real issues here, and also potentially libellous!

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This ‘unique venture’ must compete for GPs’ custom
It has delayed payments to GPs, removed thousands of patients from practice lists and made the eyebrow-raising suggestion that primary care call centres could join PCT back-office functions in being outsourced to India. After six years of quietly providing back-office support, NHS Shared Business Services seems determined to make a splash in 2011.

But then the organisation, ‘a unique joint venture’ between the Department of Health and private firm Steria, has never before been in such a position to make its influence felt. As PCTs have collapsed in on themselves, NHS Shared Business Services has been busy hoovering up much of their management work, and securing the title of ‘Central Government Supplier of the Year’ into the bargain.

It is a fair guess that GP negotiators were not on the judging panel. The GPC has just entered talks with NHS Shared Business Services over what chair Dr Laurence Buckman describes as the ‘very adverse effects’ it is having on GP practices.

LMCs have lodged a series of complaints over the organisation’s work – about delays in registering patients, updating capitation payments and reimbursing registrars, and the now-notorious list-cleansing exercise in Brent, north London, where 38,000 patients were wiped from lists in a single week. In another incident, a staff member of NHS Shared Business Services sent patient-identifiable information to the wrong person at the wrong PCT.

But it is not the mistakes in themselves that have so worried LMCs – it is hardly as though PCTs were error-free. What most alarms GPs is the feeling of helplessness they feel when something does go wrong, and no one at the practice has any idea who to contact. Practices were in contractual relationships with PCTs, and when a problem occurred, they knew where each other lived. NHS Shared Business Services is a faceless organisation to most GPs and if they are able to find the right number to call, they have no idea who will pick up.

LMCs in the South West are fighting a rearguard action to prevent NHS Shared Business Services from sucking up local back-office services. But they may have a battle on their hands.

The DH is keen to the point of gushing on competition in the NHS, insisting new services should be placed out to tender or opened to the market via any qualified provider. But there is an exception to this enthusiasm, in the rules governing the award of contracts to NHS Shared Business Services. It is at the discretion of SHAs
whether they choose to open up tenders to competitors, and they are quite within their rights to transfer work
directly to it without considering alternatives.

But this is an award-winning organisation, and it must be expected to go head to head with competitors for
NHS business. It says it offers the health service substantial managerial efficiencies. It is GP commissioners
who will be responsible for delivering those efficiencies, and who will inherit any debts incurred over the
current financial year. If NHS Shared Business Services can deliver the value for money it claims to, GPs will
presumably avail themselves of its services. But it must be their choice whether or not to do so.

READERS' COMMENTS

Anonymous, Other healthcare professional,
07 Sep 2011
As a private company we get most problems getting paid through SBS. They have more red tape which
cause delays than any other paymaster. Not efficient in my experience.

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