

Primary Care Services England

(April 2018)

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Background

NHS England took the decision to procure/outsourcing PCSE services, with the aim of transforming processes to give consistency, improve services and save money which would be reinvested in patient care. The GPC also made it clear that it opposed outsourcing but felt it was important to be involved in the process to ensure our views were heard.

In September 2015, NHS England awarded Capita the contract to provide administrative and support services to primary care, delivered through Primary Care Support Services. When Capita started to close local offices, GPs and LMCs identified serious issues with the service, which included problems of patient safety, GP workload and GP finances being affected.

GPC has been engaging with NHS England to highlight the ongoing issues, and on several occasions, had been promised improvements. Some progress has been made following our lobbying, however services still fall short of what is acceptable and there is still an urgent need to resolve these issues to give practices and GPs confidence in the service.

GPC has continuously highlighted concerns about the services and the latest we have taken include writing to Simon Stevens, Chief Executive of NHS England, to highlight ongoing issues with PCSE. We have also undertaken a survey so that we have tangible data on the full extent of problems (results available below) which is being used to inform our regular discussions with NHS England and GPC.

We set a deadline of the end of December 2017 for the pending issues to be resolved. As no significant improvements were visible by the deadline, we commenced efforts to increase pressure on NHS England to resolve issues by exploring all options including legal avenues and producing resources to assist practices (further information below).

Recently, we have been in discussions with NHS England about the future of Capita's contract to provide primary care support services to GP practices in England, following reports on Capita's share price falling and NHS England announcing that it will be removing its support team from within Capita.

NHS England confirmed that Capita is committed to the PCSE contract and that they are in the process of producing an action plan to improve all service lines which we are expecting to input into. GPC have been clear with NHS England that they must have robust contingency plans and need a plan B in case the service does not improve to adequate level.

Ongoing issues

The main ongoing issues which we are pushing NHS England and PCSE to resolve are as follows:

- **Medical records** – significant delays to the movement of medical records for various reasons including labels not being provided and patients' records going missing is compromising patient treatment in some cases.
- **Patient registrations** – delays and faulty processes in both registration and patient removals is affecting patient care and practice cash flow.
- **Management of the performers list** – mistakes in updating and maintaining the local Performers list resulting in some GPs being unable to work with increasing delays for patients. Also, the length of time these issues have been ongoing the accuracy of the performance list has seriously been called into question.
- **GP payments** – some GP training practices have not yet received their training grants and trainee pay reimbursements, and are having to fund the shortfall from elsewhere. Practices are also not being properly paid/reimbursed for other elements of the services provided, for example enhanced services. Or when they are, there is often uncertainty over what they have been paid for as there is no clear breakdown of payments.
- **Pensions** – significant issues with the processing of pension contributions leading to cases of incorrect allocations and records of pension contributions. Practices have also reported a series of issues with the processing of pension payments, such as no receipts received, pension contributions being taken for doctors that have long since left the practice, GP trainees not being added to the scheme in a timely manner and superannuation certificates not being shared.
- **Cervical screening programme** – we have serious concerns with the transformation project including data and privacy issues.
- **Performers list data and LMC payments** – LMCs are still not receiving data about new entrants to the performers list in their area, which is making it difficult for them to discharge their statutory representative functions to their constituents. Similarly, ongoing problems with LMC levy collections and payments is destabilising for LMCs
- **General communications** – we are aware from LMCs, practices and individuals that queries are not being dealt with in a timely manner, if at all, and the complaints process is not fit for purpose.

PCSE claims guidance

We are aware that practices and individual GPs continue to experience unacceptable incidents relating to PCSE (primary care support services in England), commissioned by NHS England and provided by Capita. The issues have been ongoing for some time and we are aware of cases where practices have not received payments, or have received incorrect payments. It is never acceptable for payments to be delayed and we advise practices to follow the below process to ensure incorrect payments are corrected.

Similarly, we are aware that practices or individual doctors may have suffered losses due to the failing of these services and again we advise to follow the below process.

Process

1. If a practice or individual has any issue due to the service provided by PCSE, such as delays or errors in payment, they should contact PCSE in the first instance to resolve the issues pcse.enquiries@nhs.net, putting appropriate details in the header to ensure PCSE can pass details onto the relevant back office team.
2. If the issue is not resolved by PCSE in a timely manner then you should contact NHS England to make a claim at their designated email address pcse.ppinfo@nhs.net. We suggest that you include the following details in your email:
 - Your name and address (or the name of the practice and its address)
 - The reason for your claim
 - A clear explanation of the facts
 - What losses are you are claiming (these may be direct losses such as your contractual payments, or indirect losses such as costs incurred because of having to take out a loan to pay for practice expenses)
 - Attach any supporting documents which verify the facts in the letter and the amount claimed
 - A date by which you want a full response, we recommend 28 days
 - Any other relevant information

NHS England should then be in contact about your claim. You should note that by accepting an offer of compensation it could mean you forego the right to seek any further redress, so please consider fully all losses that you suffered because of failings by PCSE.

You may also wish to consider taking up your claim via the small claims court, however not all claims are suitable for this route.

[See guidance on bringing a small claim to the court](#)

If you cannot reach agreement with NHS England over your claim, please contact GPC England (info.gpc@bma.org.uk) and we can escalate the issue on your behalf. Please include the previous correspondence and a clear outline of the issue and the desired outcome.

If you are unsure about the terms of any offer or your legal rights you may wish to seek independent legal advice, however, depending on the financial loss you have suffered, this may not be financially prudent. BMA Law offers expert legal advice at preferential rates for BMA members. They can be contacted on info@bmalaw.co.uk or 0300 123 2014.

What GPC are doing – the timeline

In May 2016, we wrote to NHS England to highlight the significant concerns of the BMA's GP committee and the wider GP population with the systemic failure of the services provided by primary care support England under contract to Capita, having received a multitude of serious complaints from practices and LMCs. While these have been discussed with Capita, the scale of the problem means we need to highlight this at the most senior level as NHS England is ultimately responsible.

[Failure of PCSE letter to NHS England](#)

In July 2016, GPC used a robust exercise to identify the extent of the issues and assessed whether there had been any marked improvement in the service being delivered by Capita. GPC then provided the results of the exercise to NHS England which we then set improvement deadlines for the various service lines that were causing concerns. In addition to this we had further discussions and correspondence during August and September, with NHS England and PCSE, to highlight that issues continued to be outstanding.

[Feedback from LMC's on PCSE performance \(since July 2016\)](#)

[BMA GPC letter to NHS England re Capita – Aug 2016](#)

[Letter of response from NHS England to BMA GPC – Sept 2016](#)

The then GPC England Chair, Chaand Nagpaul and the previous GP Trainees Subcommittee Chair, Samira Anane, had to write to NHS England in October 2016, to seek an immediate solution to reports from practices who had not received correct payment for GP trainees and some had not received payment at all. We asked for assurances that no trainee was left unpaid, and to ensure that no practice had to dip into their overstretched budgets to make up the shortfall in funding. While this is unacceptable, GP trainees should not be left without pay. It remains the responsibility of the practice (as the employer) to ensure they pay their trainees, however, we recognise that it may be difficult without the required information or the necessary funds.

[Letter to NHS England re GP Trainee Pay – October 2016](#)

As PCSE entered its second year, GPC undertook another data-gathering exercise to assess whether the issues previously reported were still prevalent and if they had seen any improvement over the month of October. It is worth noting that although individual GPs (particularly GP locums and GP trainees) and LMCs have been affected by the services provided by PCSE, this exercise concentrated on GP practices.

[Read the report – Oct 2016 \(PDF\)](#)

In recognition of the additional administrative burden on practices, a goodwill payment of £250 per practice was then made by NHS England and this was paid to practices by 30 April 2017. However, we would like practices to note that this payment should not prohibit those who have suffered a demonstrable loss from being recompensed. Please see above for the process in which practice/individual doctors can undertake for compensation.

Over the next few months, GPC engaged with NHS England and PCSE regularly to resolve the significant issues that were causing much distress to practices and putting patients at risk. However, there continues to be a requirement for GPC to escalate cases on behalf of LMCs, practices and individuals who are experiencing issues with PCSE and are unable to reach resolution through communicating directly with them. We also heard cases of GPs suffering large financial losses due to systematic failings of the services provided by Capita.

In October 2017, GPC undertook an exercise to understand the extent of the outstanding issues which led GPC England chair Richard Vautrey to write to Simon Stevens, Chief Executive of NHS England, to highlight ongoing issues with PCSE. As well as developing three short surveys (one for LMCs, practitioners and practices respectively), to gauge the severity of the problems to provide us with the information to enable us to continue efforts to push NHS England and PCSE to resolve these issues.

[Letter to Simon Stevens re outstanding issues – Oct 2017](#)

The results of the survey show that there has been little improvement, if any, across all service lines, when compared to the previous survey in October 2016.

[See the full survey results – Jan 2018 \(PDF\)](#)

Following a meeting with NHS England on 11 January 2018, Richard Vautrey wrote to Simon Stevens to express disappointment over the lack of significant improvement in the service delivery of PCSE (Primary Care Support England).

[Read the letter – Jan 2018 \(PDF\)](#)

GPC also presented evidence to the National Audit Office's review of the PCSE contract, where we shared our concerns with the systematic processes. The report is due to be published in May.

Joint (BMA and RCGP) GP IT Committee also sent a letter to NHSE regarding the Cervical Screening Transformation Project following receiving an update on the proposed new system for cervical screening on 1 February 2018.

[Letter re Cervical screening – Feb 2018](#)

Service lines and what you can do

Patient registrations

PCSE processes new patient registrations and de-registrations for GP practices. There have been delays/faults with this process which has had a negative impact on patient care and practice cash flow.

One element that has been causing delays in the registration is when the practice has entered free text in the 'additional notes' section, which means that PCSE has to manually approve the registration. The process is otherwise automated, so we would advise that unless there is an important piece of information for PCSE, this box should be left empty.

In terms of patient removal, practices are required to complete the 'Request for removal of patient from practice list' form and email it to pcse.patientremovals@nhs.net. Practices should expect a patient to be removed within 8 days for a standard case and immediate removal when a patient has been referred to the Special Allocation Scheme (within 24 hours).

If Capita have not processed the removal request within these timeframes, the practice should contact PCSE either by calling 0333 014 2884 or emailing pcse.enquiries@nhs.net, if this has not resolved their issue they can make a complaint to PCSE by emailing pcse.complaints@nhs.net.

If practices your issue remains unresolved by PCSE, please email GPC on info.gpc@bma.org.uk.

PCSE have also been contracted by NHS England to undertake a list cleansing and list reconciliation process. This has always been a PCS function, so is not new, but historically was processed in a variety of ways. The date for when this will commence has not yet been set but we understand that this will include asking practices to check all patients over 100 years old, patients that have more than 8 people registered at one address and patients that have not visited their practice for over three years. GPC has expressed concern over this work but NHS England are committed to taking this forward, and therefore we will be monitoring this closely.

Medical record and supplies

Medical records and supplies was the first service line to undergo transformation after the primary care service contract was awarded to capita.

The transformed system proposed using a point to point delivery with the ability to track notes, much like modern parcel delivery services and it also offered enhancements to confidentiality and a tracking system. However, the roll out was disastrous, as they planned to roll out over a 3-week period, but rapidly ran into problems with IT and had also failed to anticipate the volume of records from the untransformed state leading to a rapid build-up of unlabeled, untracked notes requiring movement at the time when the established bases were being closed. This led to over three quarter of a million notes being held up in transit causing temporary paralysis of the system, and records not being able to be tracked. They were effectively lost to the system temporarily.

Supplies being a relatively simple service line still had problems with confusion over what was in the ordering catalogue, also problems with the new portal. In recognition of the extra workload for practices to run the new system using labels this was factored in to the 2017 GMS contract uplift.

It took a further year to get on top of the problems of the record backlog. The New system has now been rolled out, without facing any major problems. The present performances are that 75% of records are at present moving within a 12-week period of receiving a label at the practice, but 25% are taking longer. We recognise this is not

necessarily always the practices problem, but we urge that you process labels when you receive them at your earliest convenience.

Further work is underway to resolve outstanding issues with medical records. A deep dive was done in 2017 which showed that many records were still at the old practice, probably because that practice was not aware of the need to move the record. The project is going ahead and labels are being produced so these outstanding records are repatriated to the right practice. A system with a standard form for ordering urgent records is in place.

There are still problems with the newly transformed service line and we are taking these up with PCSE. PCSE have developed some FAQs on the new system which are available [here](#).

There are other issues which we are continuing to work on such as the delivery of records to branch surgeries, recognising that a branch service is no longer the small outpost with a few hundred patients, but can be equivalent to a main site with practice mergers. We are also looking at the issues that affect University practices with a large influx of notes at the beginning of the term and specific issues surrounding practices who have off-site storage facilities and those that have digitalised records.

If your issue remains unresolved by PCSE, please do get in touch with your LMC and/or contact GPC on info.gpc@bma.org.uk.

Management of the performers list

PCSE is responsible for administering entry and status changes to performers lists on behalf of NHS England. There have been reports of mistakes in updating the local Performers list resulting in some GPs being temporarily unable to work.

A GP is required to notify PCSE of a change of circumstance, this includes a change of name, address, transfer of practice within same locality or change of contractual status. They can do this by completing a NPL3 change notification form as well as sending additional information depending on the change of circumstance (more details on this is available on the [PCSE website](#)), to pcse.performerlists@nhs.net.

We have received a number of GPs reporting that because of notifying PCSE that there has been a change in their circumstances they no longer appear on the performers' list and in some cases, been unable to work. Please be aware that if you do not appear on the performers list, you should not be working until you have had confirmation from your responsible officer that you are qualified to work. Your responsible officer should be able to confirm this immediately. Removal from the list is an active process, and most of the cases we are aware of are due to administrative errors. If they do not resolve your issue rapidly then and you are prevented from working. We would recommend that the GP contact PCSE immediately for advice and uses our above advice on how to claim for compensation from NHS England. The dedicated email address for this is pcse.ppinfo@nhs.net.

NHS England have recently reported significant technical problems with the data quality of their list, which is being closely looked at with all options being considered. The original plan was to launch a new automated online system in April 2018, but due to these fundamental problems this will not be achieved, and the list needs additional work. They also need to ensure the new system deals with removals, inclusions and suspensions, as it is critical that the list is correct for patient safety.

In summary, we have ongoing concerns with management of the performers list, if GPs have been unable to work because of a processing failure of PCSE then please let us know by email GPC on info.gpc@bma.org.uk.

Pensions

There are significant issues with the processing of pension contributions leading to cases of incorrect or incomplete records of pension contributions. Practices have also reported a series of issues with the processing of pension payments, such as no receipts received, pension contributions being taken for doctors that have long since left the practice, GP trainees not being added to the scheme in a timely manner and superannuation certificates not being shared.

NHS England is currently undertaking work to address the various issues that are ongoing in this area and GPC will be monitoring this area very closely.

A pension administration timeline is available [here](#).

All forms and for more advice please direct the GP to the [NHS Pensions website](#).

Please note that forms are now to be submitted via PCSE's [online enquiries form](#). The system can only process attachments under 3.2Mb. Therefore, we suggest to avoid exceeding the size limit that documents are scanned in low resolution and in monochrome.

We strongly advise GPs to sign up to www.totalrewardstatements.nhs.uk/login where they can obtain their filed pension details. GPC has produced template Subject access request (SAR) forms for individual GPs to send to NHS Pensions, to get further information on GP individual pension contributions. In addition to this, GPC has also submitted a Freedom of Information request to ascertain the extent of the issues with this service line.

For any specific issues with processing of pensions or whether you have not been about to get information via the SAR route, please email GPC on info.gpc@bma.org.uk for further assistance.

For any specific issues with pension contributions (not related to the PCSE process) please continue to contact the BMA pensions team on pensions@bma.org.uk.

Practice payments

PCSE is responsible for processing NHS England's payments to practices for the services they have provided.

We know that there have been issues with the processing of payments for practices and LMCs, and in cases where incorrect monies have been paid, the process to recoup money owed is burdensome. As NHS England contracts services from practices we believe it is their responsibility for ensuring practices and doctors receive the money they are owed.

We have provided the following resources to assist practices in making a legal written request to have an undisputed debt paid within 40 days, including: a template covering letter which you can amend, the template form you should complete and enclose along with your letter to NHS England. We hope that NHS England can resolve these issues soon so that practices are not having to chase up payments owed.

- [Read the guide to making statutory demands](#) PDF
- [Covering letter](#) (Word) Amend and personalise as needed.
- [Statutory demand form](#) (Word) Amend and personalise as needed.

GP trainees pay issue (non-lead employer areas – Yorkshire, Wessex and Thames Valley)

We are aware several practices have not been provided with accurate information by PCSE, to pay GP trainees at their practice or have not received reimbursement for GP trainee pay. While this is unacceptable, GP trainees should not be left without pay. It remains the responsibility of the practice (as the employer) to ensure they pay their trainees, however, we recognise that it may be difficult without the required information or the necessary funds.

Steps to follow for practices:

- Practices who have not been provided with accurate information to pay their trainees
We advise to contact NHS England regional teams for immediate advice on appropriate payments and should pay their trainees without delay. The delay in receiving the money or information from PCSE/NHS England does not remove the contractual responsibility for the practice as the employer to ensure their trainees are paid.
- Practices who have not been provided with the funding to pay their trainees
We advise the practice to pay their trainees and subsequently contact NHS England regional teams to ensure they receive immediate reimbursement. Practices should also write to NHS England regional teams and to PCSE to advise them that, if within 7 calendar days (from the date of their letter to NHS England or PCSE), they have not received the required information or the required reimbursement which leads to financial discrepancies or hardship, that legal proceedings will be issued in the County Courts.

Steps to follow for GP trainees:

- GP trainees who have not been paid or paid incorrectly
If you are a GP trainee who has not been paid or who has been paid less than you should have been paid (causing financial hardship), please contact the BMA as soon as possible on 0300 123 1233 or support@bma.org.uk

Cervical screening

PCSE are due to take over the running of the cervical screening recall service. GPC has raised some of the issues, particularly regarding some of the technical proposals with the proposed transformation for this process.

If you have any information or interest in this area please contact GPC on info.gpc@bma.org.uk who are communication with NHS England.

Who is involved

Policy Lead – Ian Hume

GPC Executive Lead – Krishna Kasaraneni

Cervical screening – Farah Jameel (GPC Executive), Paul Cundy (IT),
Andrew Green (Clinical and prescribing)

GP IT – Farah Jameel (GPC Executive), Paul Cundy (IT)

GP Payment and Pensions – Peter Holden (Independent contractors) –
Payments, Krishan Aggarwal (Sessionals) – Pensions

GP trainees – Emma Marks, Tom Micklewright (Chair of GP Trainees)

Medical records – Ian Hume

Performers list – Krishan Aggarwal (Sessionals), Samira Anane (Education,
training and workforce)

Staff lead – Amy Bolton, Ciara Greene

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BMA 20180196