

**To: All Practices in Surrey and Sussex LMCs**

21 January 2019

Dear Colleagues

**Update: GP Indemnity Arrangements**

I am writing an at present, inevitably, interim update for all GP practices in relation to indemnity arrangements; the Secretary of State continues to assure General Practitioner Committee representatives that the Government remains committed to introducing a State-backed Indemnity scheme for General Practice with a commencement date of 1 April 2019. This date was included within a set of FAQs published on the DHSC website available at:

<https://healthmedia.blog.gov.uk/2018/11/22/government-publishes-faqs-on-state-backed-indemnity-for-general-practice/>

Other elements of the Scheme are confirmed by the DHSC, including:

* The scheme will be run by NHS Resolution; this NHS body currently supports clinical negligence claims, and incorporates two former services GPs may well recall, the Family Health Service Appeals Unit [FHSAU] and the National Clinical Assessment Service [NCAS].
* It will cover clinical negligence liabilities for General Practice staff working under an NHS contract [GMS, PMS and APMS] together with NHS contracted OOHs and integrated urgent care services, and primary medical services delivered within a secure environment. It will also cover public health services delivered by GMS, PMS and APMS contract holders.
* Individuals covered by the scheme will not be expected to make any payments into the scheme.

There has been considerable recent speculation about the funding of the scheme; this remains subject to current negotiation and a part of the yet to be agreed 2019/2020 GP Contract negotiations.

It remains essential that all GP colleagues, whatever their contractual status, continue to maintain appropriate indemnity arrangements; this is a requirement of GMC ‘Good Medical Practice’ and adequate indemnity cover is also required as part of the GP Performers List Regulations. However, as the current commitment is to introduce the State-backed scheme

in April 2019, if part cover is required before that date colleagues should take financial

decisions to limit their expenditure beyond that time, for example, monthly payment arrangements, since any rebate arrangement [including any ‘Extended Cover’ required by the MDU] would be at the discretion of the indemnity organisation by whom cover is provided and colleagues should not assume this will necessarily be part of any state-backed scheme.

In addition, the aim of negotiations was to achieve compatibility with NHS Acute Trust (and Community Trust) colleagues and so any such scheme will not cover:

* Non-NHS work; for most GPs, in-house (practice) private work is usually non-clinical and carries a very low liability risk, but colleagues who do undertake any private General Practice will need appropriate indemnity, personally funded or via arrangements negotiated with the private provider that employs/engages them.
* Performance issues, including those relating to the GMC, NHS England, the Coroner, or Ombudsman. This cover is currently integrated within the Indemnity Organisation coverall subscription, albeit a small proportion of it, and will need to be continued after the introduction of the State scheme. No colleague should be tempted to avoid taking out this cover since if such issues arise the legal or other professional costs incurred could be financially ruinous. It can be anticipated all GPs, as occurs with hospital colleagues, will be able to take out competitive indemnity to cover this risk.

Finally, GP partners will continue, as now, to need public liability and employer liability insurance.

Clearly, the final details of the Scheme, including the exact financial impact on differing contractor groups, the provision of day-to-day advice for GP colleagues, and individual details [such as for GP trainers and appraisers] are not yet available; however, as all colleagues will appreciate, the introduction of a State-backed scheme which therefore takes responsibility for the, almost inevitability, escalating costs of clinical negligence, changes in the discount rate used to calculate the future value of negligence awards, and a future where the personal funding of individual NHS indemnity is no longer required, is genuinely a game changer for General Practice and will benefit all GPs at whatever stage in their career.

I look forward to providing colleagues with further details as they are announced, in addition, colleagues should anticipate gaining further information and guidance from their current Indemnity Organisation, once further details are available.

With best wishes



Dr Julius Parker

Chief Executive