



Many practices may need to find alternative ways to fund improvements

Plus:

- City's GP practices need to "define" how they work going forward
- Whistle-blower was the victim of unfair dismissal, court rules

Welcome

Welcome to the latest edition of our Focus On GPs bulletin, which will look at some of the legal issues facing practitioners around the UK.

At Carter Lemon Camerons we have a

wealth of experience advising clients in the healthcare sector. Our areas of expertise include medical centre developments, GP contracts, NHS legislation, partnership agreements, healthcare property leases and setting up federations of practices.

If you have any questions about the topics covered in this bulletin or any other issues we can help with, please contact us on 020 7406 1000 or email Andrew Firman (AndrewFirman@cartercamerons.com).

City's GP practices need to "define" how they work going forward

A GP leader has argued that "facts on the ground" should shape the future of primary care services in the capital.

Michelle Drage, chief executive of Londonwide Local Medical Committees and a regional representative with the British Medical Association, has written about the acute challenges facing surgeries.

In an article for the Huffington Post, she said many new models of care were being proposed, but it was important that these arrangements served the needs of those working on the front line.

She noted that more than four in 10 practices in the capital have at least one GP who intends to retire within the next three years, which will heap fresh pressure on the services.

While acknowledging that the direction of travel was towards more surgeries agreeing to work "at scale" she seemed to suggest that new models posed their own separate challenges.

"The quest to provide care at scale results in the 'at scale' part taking up all the resource and the 'providing care' part coming in second place, while the practices in your neighbourhood are allowed to fall by the wayside," she said.

"A growing number of London surgeries are already working together in federations or networks largely in response to workforce pressures.

"I see these each turning into some form of at scale care entity sooner rather than later and it's important that we work to define how these practices do this, before others define



it for us with 'fake' models of care, at the expense of the values of true general practice."

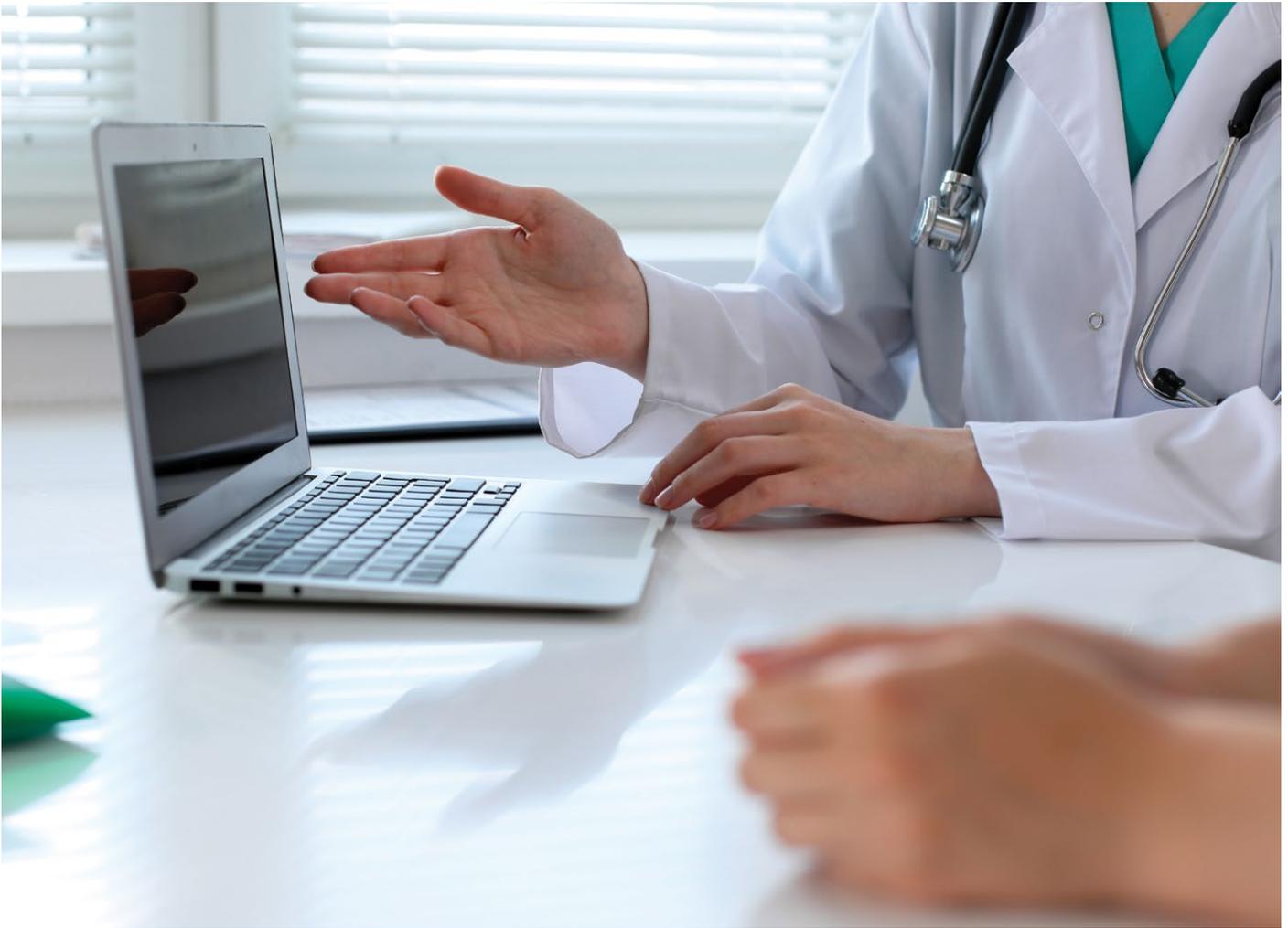
Here at Carter Lemon Camerons we have seen over the years instances where the model has been introduced focusing on

the 'at scale' savings at the expense of providing the care: taking advice on the new models of care and the implications for your practice, is important.

Contact Carter Lemon Camerons or visit our website for further information.

Whistle-blower was the victim of unfair dismissal, court rules

An experienced doctor who lost his job after raising concerns about what he regarded as unsafe working practices has won a substantial compensation payout.



Dr Kevin Beatt, who worked as a heart consultant at Croydon University Hospital, had been dismissed after blowing the whistle on the situation in the cardiology department.

Most notably, Dr Beatt believed that a nurse's suspension in the middle of a working day had contributed to one patient's death.

Following his departure five years ago, the claimant has been fighting for justice. Now he has won victory after the Court of Appeal ruled that he had indeed been the victim of unfair dismissal.

Lord Justice Underhill, one of three Judges asked to consider the case, said that a previous review by the Royal

College of Physicians had found the department to be "dysfunctional" and that relations between colleagues had become increasingly strained in the period prior to Dr Beatt's dismissal for gross misconduct.

The Judge said: "It comes through very clearly from the papers that the Trust regarded Dr Beatt as a troublemaker, who had unreasonably and unfairly taken against colleagues and managers who were doing their best to do their own jobs properly.

"It is all too easy for an employer to allow its view of a whistle-blower [being] a difficult colleague or an awkward personality, as whistle-blowers sometimes are, to cloud its judgement.

"If there is a moral from this very sad story, which has turned out so badly for the Trust as well as for Dr Beatt, it is that employers should proceed to the dismissal of whistle-blowers only where they are as confident as they reasonably can be that the disclosures in question are not protected."

A further Tribunal will now be asked to decide the damages that should be awarded.

At Carter Lemon Camerons, our expert team can provide legal advice to medical professionals about Employment Tribunals, arising from whistleblowing or other grievances.

For further information on our services please contact us or visit our website.

Many practices may need to find alternative ways to fund improvements

More than half of GP practices in London may miss out on the premises funding promised, it has been suggested.

Fears that NHS England would not have the resources for all the approved bids have been growing for some time, but fresh details suggest that there could be a dramatic shortfall in the capital and further afield.

The Government had previously hailed the Estates and Technology Transformation Fund (ETTF) as a means of driving permanent improvement in primary care.

But London Clinical Commissioning Groups (CCGs) have since revealed that a majority of the 284 approved plans across the city are currently on hold.

When these practices are ranked in order of priority, any project below 142 on the list is now thought unlikely to receive an investment from the fund.

CCG board minutes said: "Whilst it is anticipated that more schemes will be supported to progress, it is unlikely that London's current ETTF allocation will enable schemes that have been ranked in the bottom two quartiles of the pipeline to progress during the lifetime of the programme.

"With this in mind, commissioners are actively endeavouring to identify other funding sources, such as the London Improvement Grant fund, to take forward suitable schemes."

Dr Richard Vautrey, the GPC's deputy chairman, said: "While the promised



investment in the ETTF was welcome, it's being delivered too slowly and with too much bureaucracy linked to it.

"The fact that is now also inadequate to meet the real need means any incoming Government must look again at how they can invest not just the capital to enable practice developments, but just as importantly how the running costs can be factored into annual budgets."

NHS England has acknowledged that

the scheme is heavily oversubscribed but other funding pots were under consideration.

At Carter Lemon Camerons we have a wealth of experience handling disposals, acquisitions, landlord and tenant issues, planning, easements, restrictive covenants and party-wall issues for healthcare clients.

Please contact us or visit our website for further information.

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