Written evidence submitted by the British Medical Association to the House of Commons’ Public Bill Committee on the Data Protection Bill

About the BMA
The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

1.0 Introduction
1.1 In September 2015, NHS England awarded Capita the contract to deliver Primary Care Support services in England, and from the outset the BMA’s GPC (General Practitioners Committee) and LMCs (Local Medical Committees) identified serious issues with the service, including problems of patient safety, GP workload and GP finances being affected.

1.2 The BMA raised these concerns with NHS England and has subsequently sought to constructively engage with PCSE and NHSE over the last two years to resolve them. Whilst some progress has been made following this engagement, services still fall far short of what is acceptable and there is still an urgent need to resolve these issues to enable practices and GPs to carry out their roles and look after their patients.

2.0 Executive summary
2.1 The procurement of the primary care support services contract to Capita has given rise to a succession of serious issues that have put practices and patients at risk. NHS England’s desire to centralise and modernise the service while cutting costs has resulted in an increased strain on an already stretched GP service across all service lines. The speed of change and a misunderstanding of the complexity of the service has exacerbated the problem. The BMA calls for PCSE to be brought back under NHS control.

3.0 What problems have you experienced with primary care support services since Capita began delivering services?
3.1 The BMA has received regular reports from GPs, practices and Local Medical Committees (LMCs) covering a wide range of issues spanning all aspects of the services provided by PCSE, this includes:
   - Significant issues with medical records, including significant delays to the movement of medical records for various reasons such as labels not being provided and patients’ records going missing, with at one point 750,000 records being delayed in transit.
   - Delays and faulty processing in both patient registration and patient removals, as well as inappropriate handling of patients on the violent patient scheme putting NHS staff and other patients at risk.
   - Poor management of the GP performers list resulting in inaccuracies and out of date information.
   - Delays in training grants and trainee pay reimbursements.
   - Severe issues with the processing of pension contributions resulting in incorrect records.
   - Failure to recall patients for the cervical screening programme.
   - Failure to provide LMCs with performers list data about new entrants in their area and ongoing problems with LMC levy collections and payments.
   - Complaints process is not fit for purpose and queries from practices and practitioners to PCSE are not being dealt with in a timely manner, if at all.
4.0 What impact have these problems had on (a) patients, (b) primary care services, and (c) you as providers of primary care?

4.1 It is important to recognise that many of the issues impacting directly on providers will have an indirect impact on patient services.

4.2 Patients

Often patient medical records have not been processed within a timely manner potentially compromising patient safety. There have also been delays with and faults in processing patient registration impacting patients’ ability to access necessary care, again compromising patient safety. This has been a particular problem for those allocated to violent patient schemes. This is not withstanding the indirect effects the failings with other service lines may have had on patients. For example, there has also been a lack of basic supplies such as registration forms, patient safety booklets, and equipment for taking blood samples which has caused inconvenience to patients. The impact of failures to recall patients for cervical screening has been widely reported and acknowledged by the Department and so we will not go into greater detail here.

4.3 Primary care services

In addition to difficulties of receiving medical supplies and patient records, both of which are vital to provide appropriate care to patients, there have been indirect impact on provision of services. For example, the delay in processing new entrants on to the performers list has meant that GPs willing and capable of working have been unable to. GP practices, as small partnerships, tend to have limited budgets and therefore require timely remuneration in order to keep running and ensure patients can access care – this remuneration has often been delayed or incorrect, having serious consequences for those provision of services to patients.

4.4 Providers of primary care

As well as impacting the service provision, issues with the performers list have impacted individual providers. The BMA has received reports that it has taken over 9 months for some GPs to be put on the local performers list having moved from elsewhere in the UK. We have also received reports that doctors have temporarily not been visible on the performers list, resulting in them being unable to work.

4.5 The management of GP pensions has impacted both individual practitioners and practices. With regard to individuals, there have been significant issues with processing GP pension contributions, leading to cases of incorrect allocations and records of pension contributions. In terms of practices, it has impacted practice finances, with superannuation taken for doctors who had left the practice – in one case the practice reported that just under £23,000 had incorrectly been taken. This has led to GPs having to report the problem and often submit evidence of payment numerous times, which is time consuming and distressing.

4.6 Furthermore, LMCs have not received performers list data about new entrants in their area, which is making it difficult for them to discharge their statutory representative functions to their constituents. As a result of this, there are ongoing problems with LMC levy collections and payments which is destabilising for LMCs. One LMC reported going three months without receiving its statutory levy which all LMCs rely on for the day to day running of their organisation.

4.7 In general, it is worth noting that there have been issues with all service lines, which have resulted in practice staff time being redirected to resolve them.

5.0 Have all the problems now been addressed?
5.1 The BMA carried out a survey in December 2017\(^1\), which showed that there has been little to no improvement made since our previous survey held in October 2016. The survey is indicative that some service lines have significantly worsened since 2016, particularly practice payments, patient registrations and customer service support. Some key figures from the survey include:

- 62% of respondents reported that urgent requests for patient records were not actioned within a timely manner
- 64% of respondents reported that they had received incorrect patient records in the last three months
- 73% of respondents reported the new medical records service had increased workload
- 51% of respondents reported incorrect pension deductions in the last twelve months.

6.0 How do current services compare with what you were receiving prior to the contract with Capita?

6.1 Although the previous service was not without its faults, it was responsive, and issues were resolved in a timely manner with personnel in local offices possessing the relevant expertise to deal with queries. Neither Capita nor NHS England understood the extent to which geographical differences in how services were delivered would complicate the centralisation of the service. The loss of historic local knowledge and corporate memory has been instrumental in the failing of this service.

6.2 Furthermore, providers report problems getting answers to questions when they contact the PCSE, with very poor response times and lack of continuity of personnel to speak to. This contrasts with practice administrators previously being able to rapidly speak to someone they knew by name in a local office and who could usually solve their problem.

7.0 What do NHS England and Capita need to do now to improve services?

The BMA believes that bringing services back under the control of the NHS is the only way to improve primary care services and resolve the current operational issues impacting practices and patients on a daily basis. A fit for purpose regional service should be established.

7.1 Until sufficient improvements have been made to the service, transformation and cost-cutting should be deprioritised to relieve the negative impact it is having on general practice. Any further changes to the service should only be undertaken at a rate which ensures services are fully working and practices and patients are not detrimentally affected.

7.2 It is the responsibility of NHS England to ensure that all necessary support services are delivered, whether via the provider contracted or some other commissioned route. Such services are essential to the safe running of primary care and therefore, need to operate at an acceptable level.

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