

# PCSE survey results

January 2018



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## Background

Since 1 September 2015 Capita has been responsible for the delivery of NHS England’s primary care support services, under the name Primary Care Support England (PCSE). GPs and LMCs have identified serious issues with the service from the outset and GPC has been engaged with NHS England to provide and monitor resolutions to the issues. Despite assurances from PCSE and NHS England, the situation does not appear to be improving. Here are the results of our most recent survey of practices and practitioners.

The results of our previous survey from 2016, and further information, are available [here](#).

## PCSE survey results from practices

### Headlines

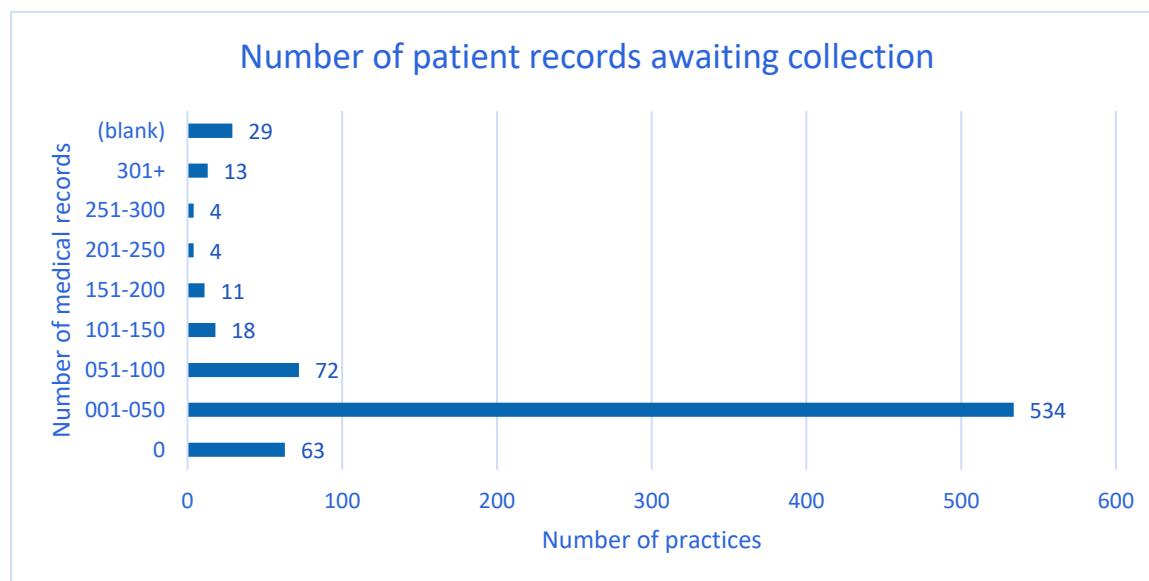
- There has been little to no improvement since the previous survey held in October 2016 across most service lines.
- Some service lines have significantly worsened since 2016 (particularly practice payments, patient registrations and customer service support).
- While 69% of practices say the new labelling system for patient records transfer is working effectively, a significant number of these (73%) report that it has increased the associated workload.

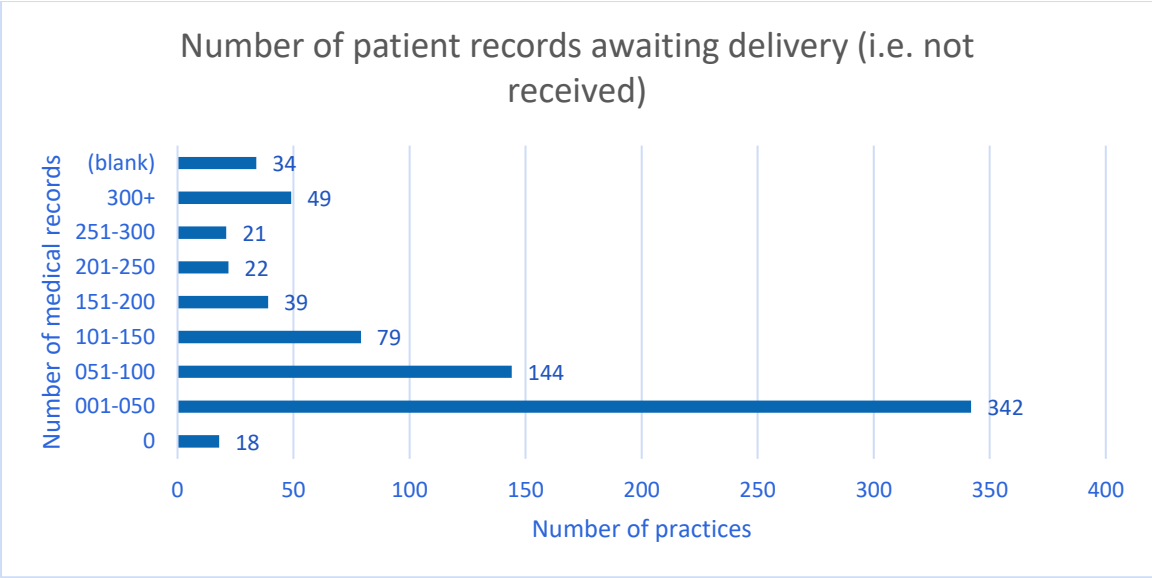
### Respondents

748 practices responded, 45 of whom identified as a university practice. The breakdown of the respondents raw list size is as follows:

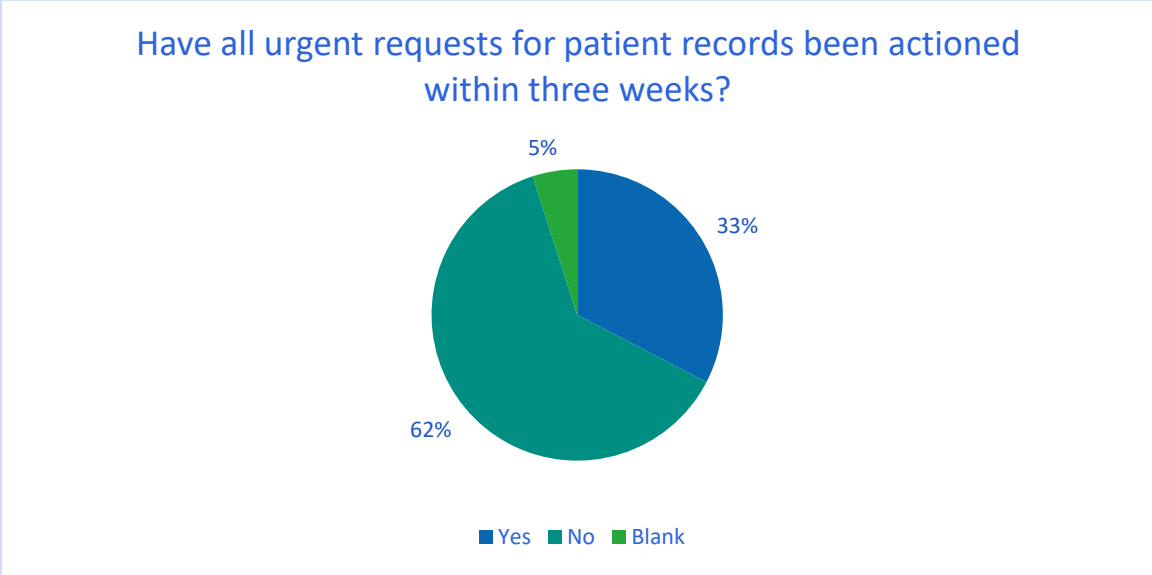
Raw list size	Less than 5,000	Less than 10,000	More than 10,000
Number of practices	172	314	262

### Medical records



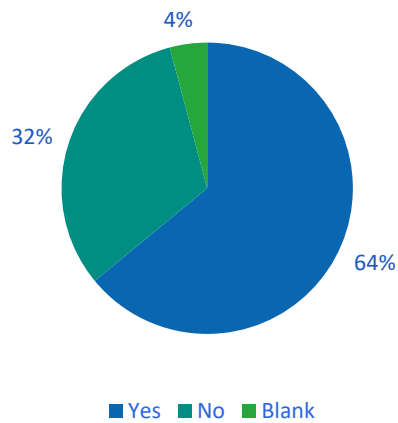


While the numbers reporting large amounts of records awaiting collection or delivery are relatively low, the numbers of practices affected overall is worrying. The results suggest there has been little improvement since the survey conducted in October 2016.



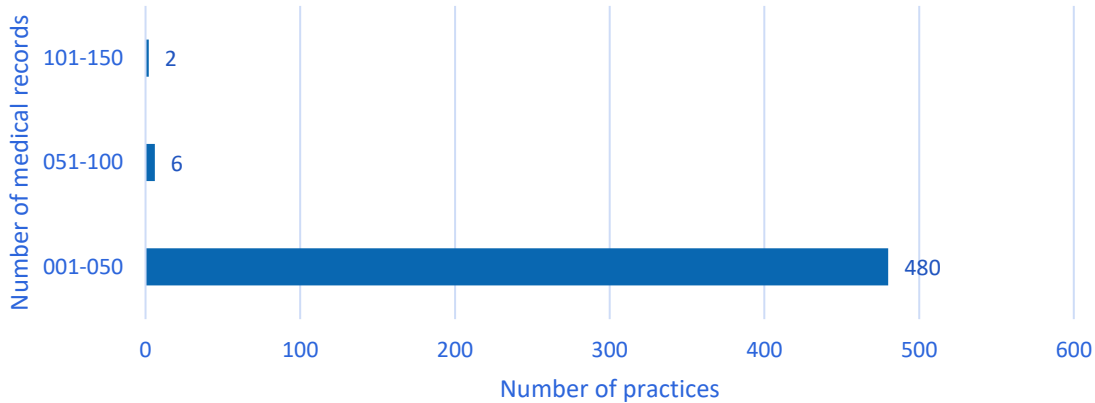
This result is concerning as it would have a direct impact on the delivery of care the practice can provide as they would not have access to the medical records of the patient. However, the results suggest that the problem has improved slightly since the 2016 survey, which reported approx. 80% of urgent requests for records were not actioned within three weeks.

### Have any incorrect patient records been received in the last three months?

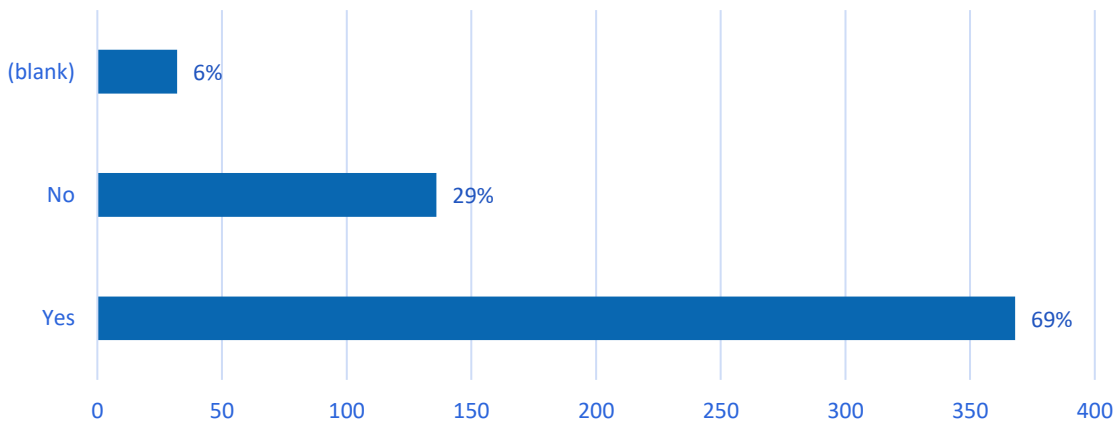


The majority of respondents reported that they have received incorrect patient records which is a data protection breach. This response is very similar to the 2016 survey, when approx. 30% of respondents suggested that no incorrect records had been received.

### If yes, how many incorrect patient records have you received in the last three months?

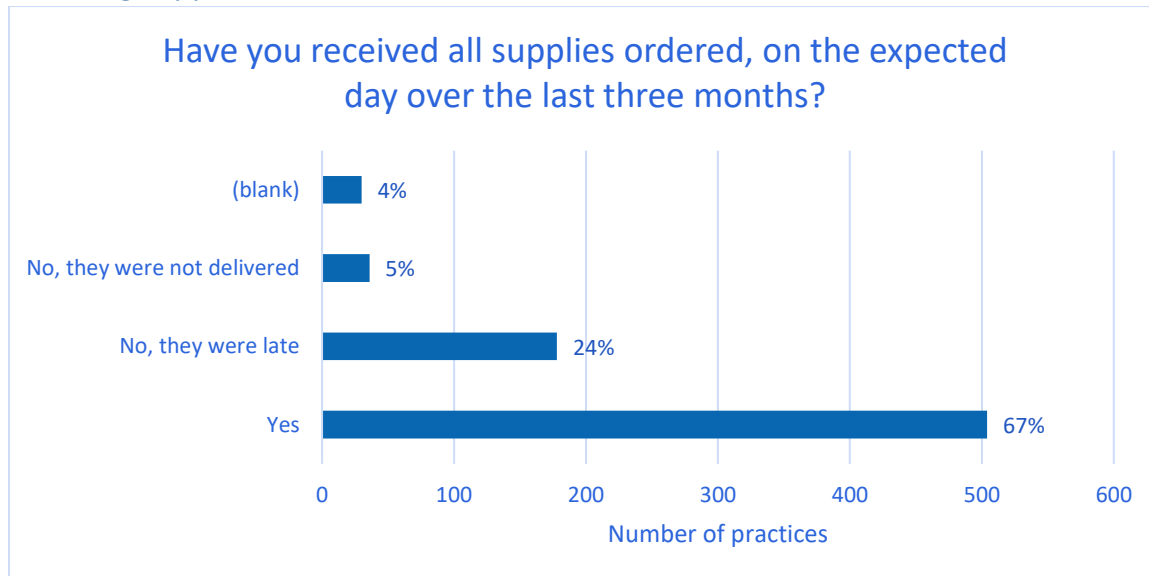


### If you are using the new labelling system to transfer patient records, is it working?



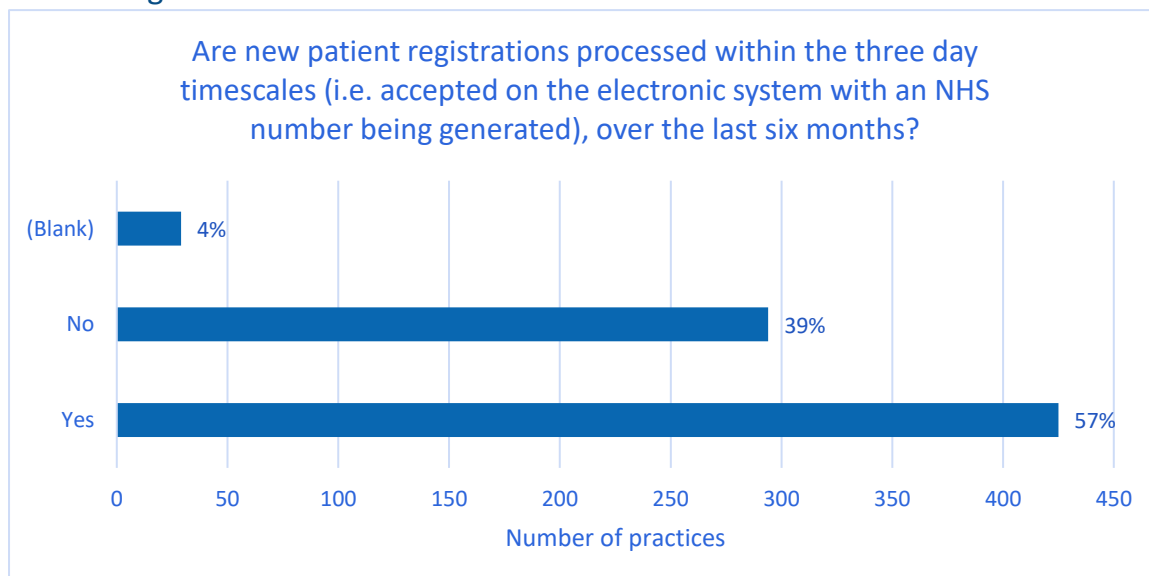
This demonstrated that the new labelling system is working in the majority of case. However, 73% of respondents who reported that they are using the new system indicated that it was causing more work than the previous system.

### Ordering supplies

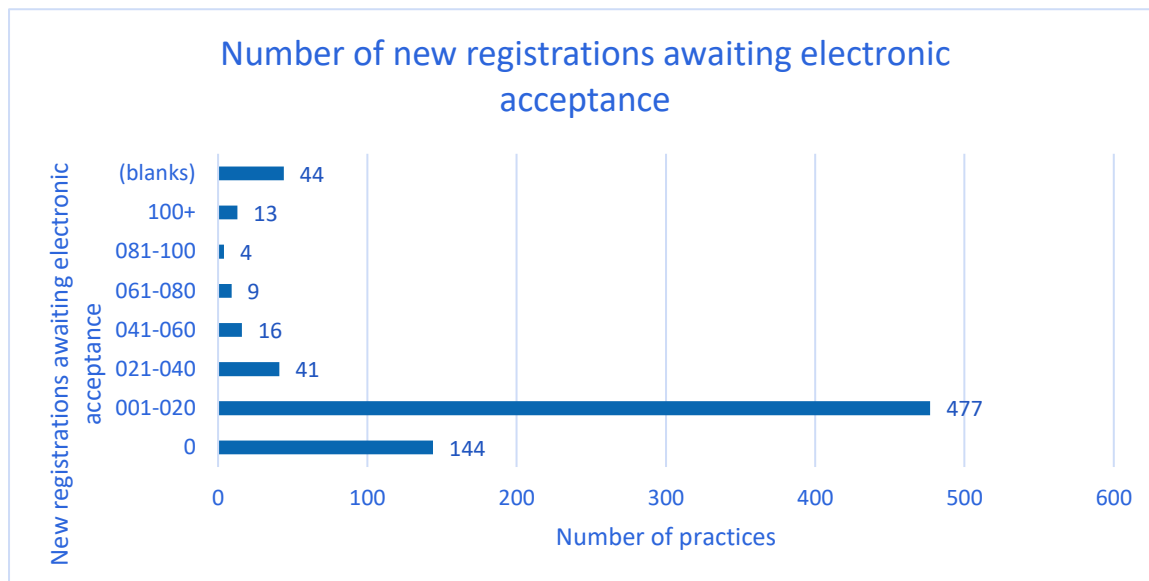


The results of this question reveals that this service line is working better than others but it has actually worsened since the 2016 survey when approx. 80% of respondents said they had received all supplies on the expected day. This is putting patient care at risk (if supplies are directly necessary for provision of patient care) and is increasing practice workload unnecessarily in chasing their supplies orders.

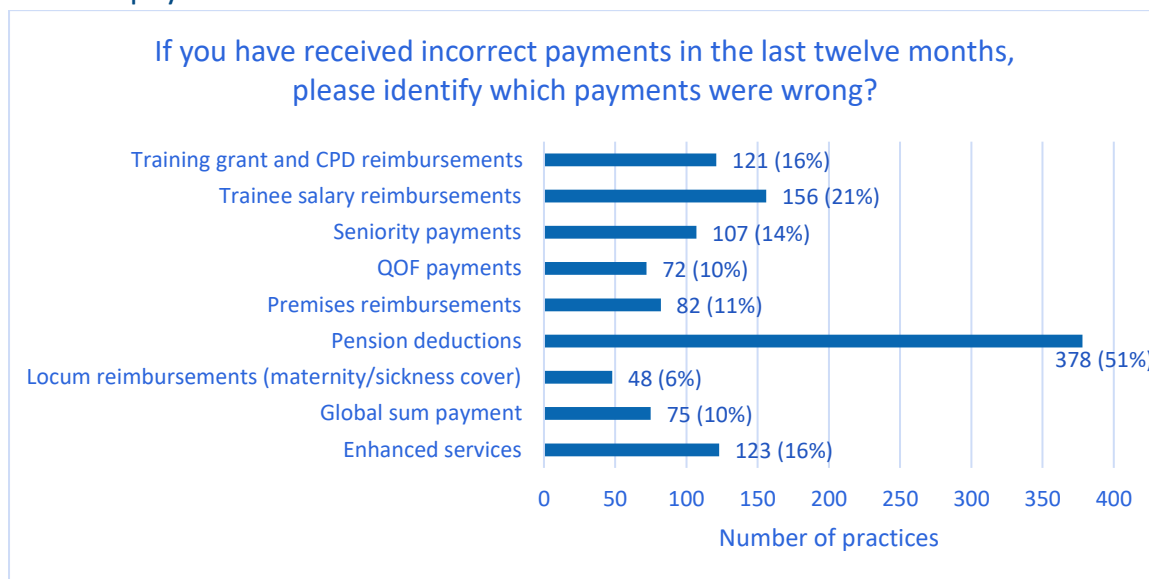
### Patient registrations



The final week of the 2016 survey reported that the number of patient registrations processed appropriately had increased from 55% to 67%. These latest results suggest that this problem has worsened significantly.

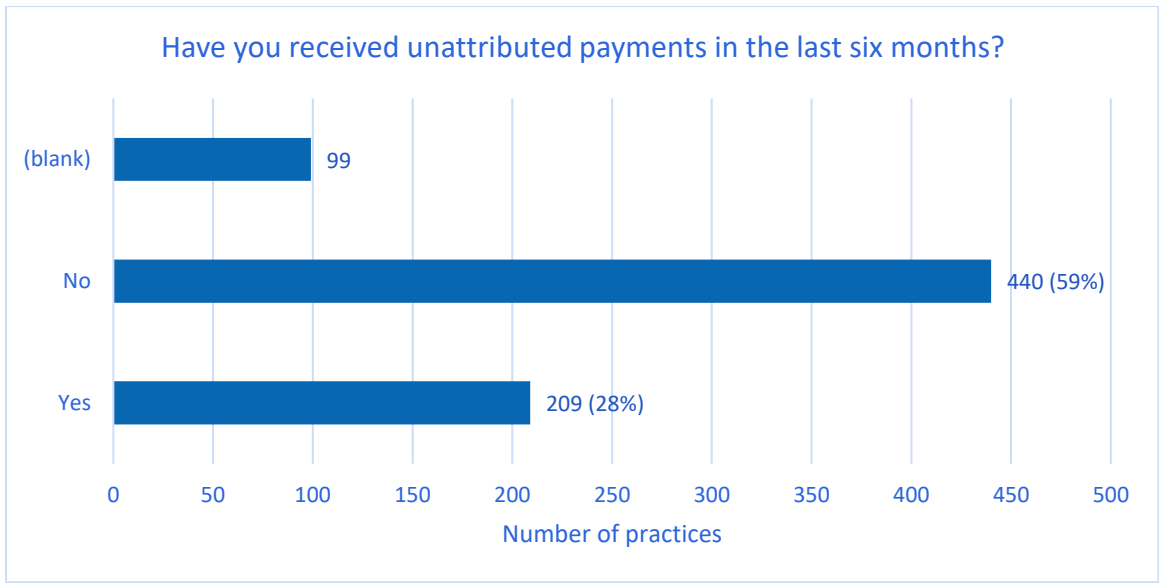


## Practice payments

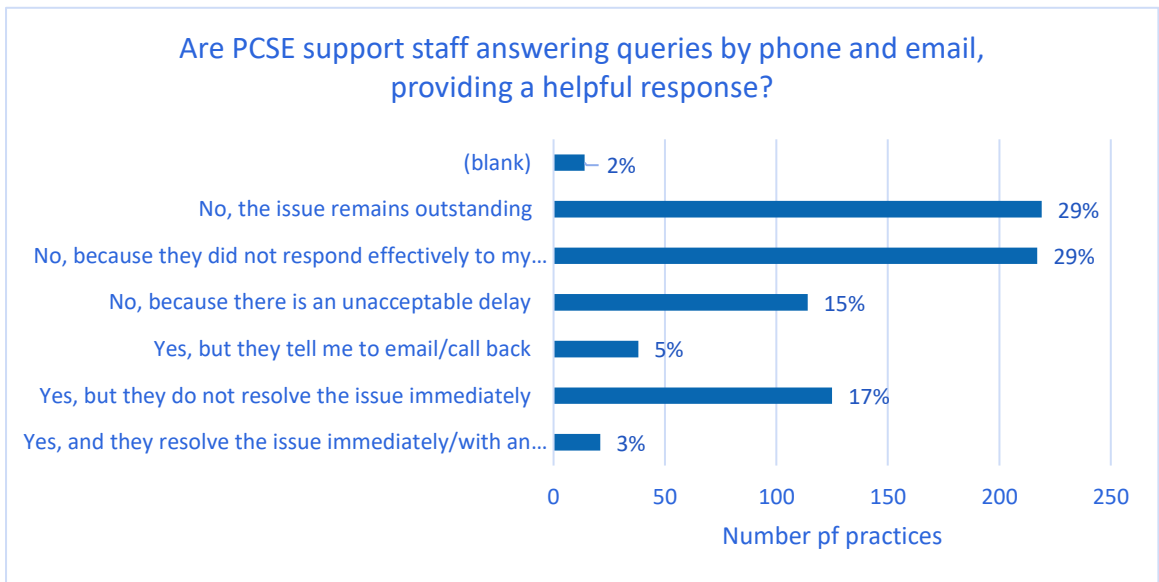
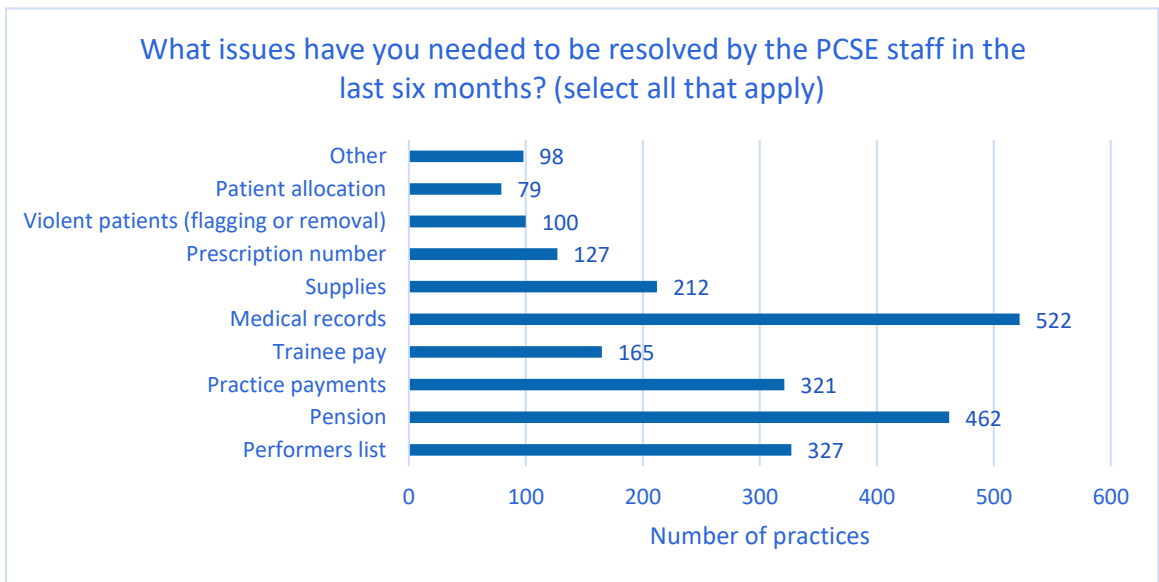


This graph demonstrates that there are issues with all payments to practices but pension deductions is a serious concern with 50.5% of responding practices reporting that their pensions deductions were incorrect in the last 12 months. The final week of the 2016 survey showed that only 4% of practices had incorrect payments related to pension deductions.

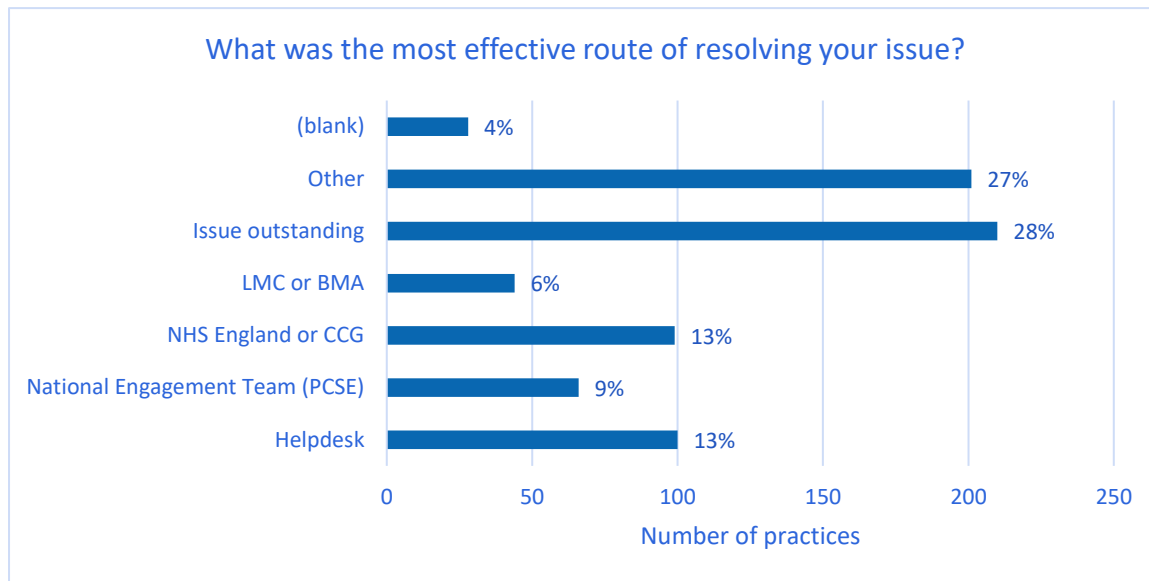
There is a stark contrast with the results of the 2016 survey, showing that across the four main payments asked in that survey, the situation has significantly worsened (2016 results: global sum (0%), premises reimbursements (1%), pensions deductions 4%, trainee salary reimbursements (4%).



## Communication and issue resolution



These results too have significantly worsened since the 2016 survey, when 10% reported that issues were resolved immediately, and 54% said no for any reason.



This area has somewhat improved, with 64% saying they do not have contact or do not know how to contact, down from approx. 72% in the 2016 survey. However this number has almost all been transferred to the numbers suggesting they the NET team cannot resolve issues (from 15% to 23% since the 2016 survey).



## PCSE survey results from practitioners

### Headlines

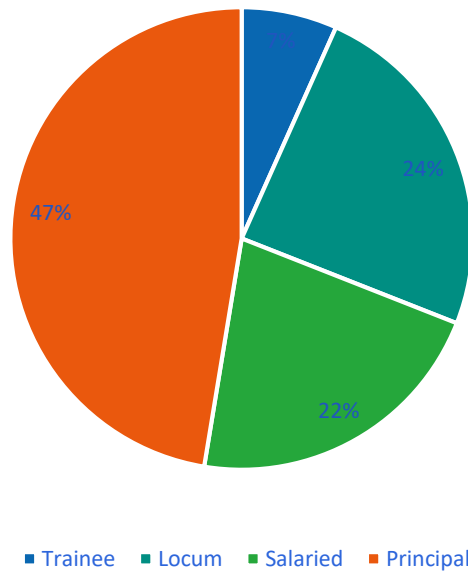
- Individual GPs are being failed by PCSE across most service lines.
- Not only are issues arising across the board, but issue resolution is ineffective.

### Respondents

1540 responses received from 96 LMCs across England.

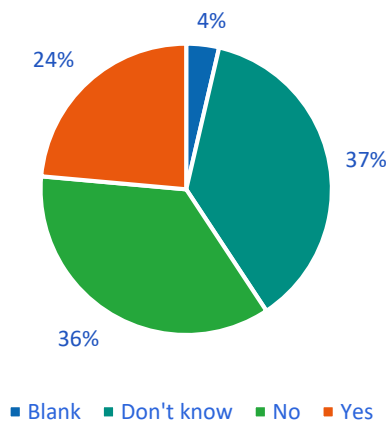


### Contractual status



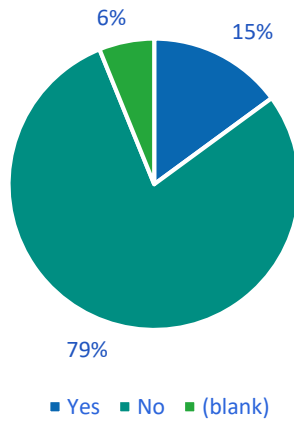
### Pension payments and processing

Is the current payment system of paying your pension working?



The number reporting no and don't know (73% combined) is worrying, as reports from individuals suggest that they cannot access the information to know whether there is a problem or not.

### Do you receive a receipt for payments you have made into your pension? (Locums only)

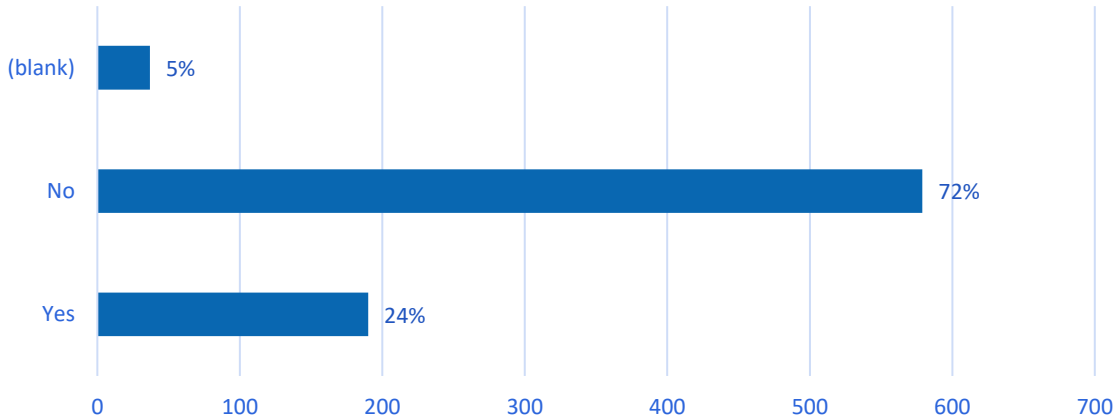


Despite NHS England’s commitment that all locum pension payments would receive a receipt, this result confirms that this is not happening in the majority of cases.

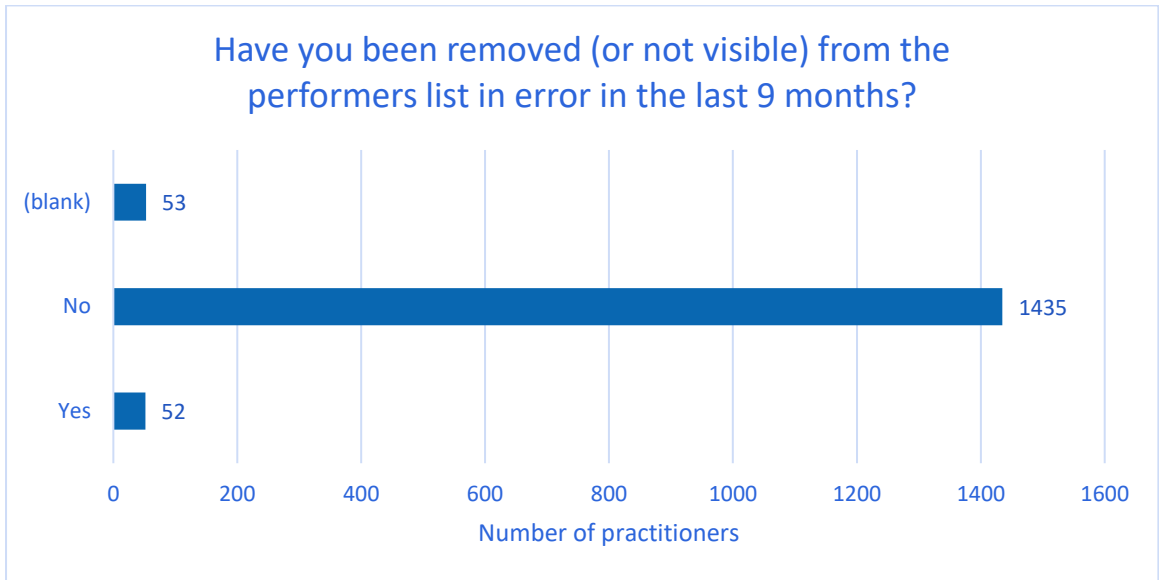
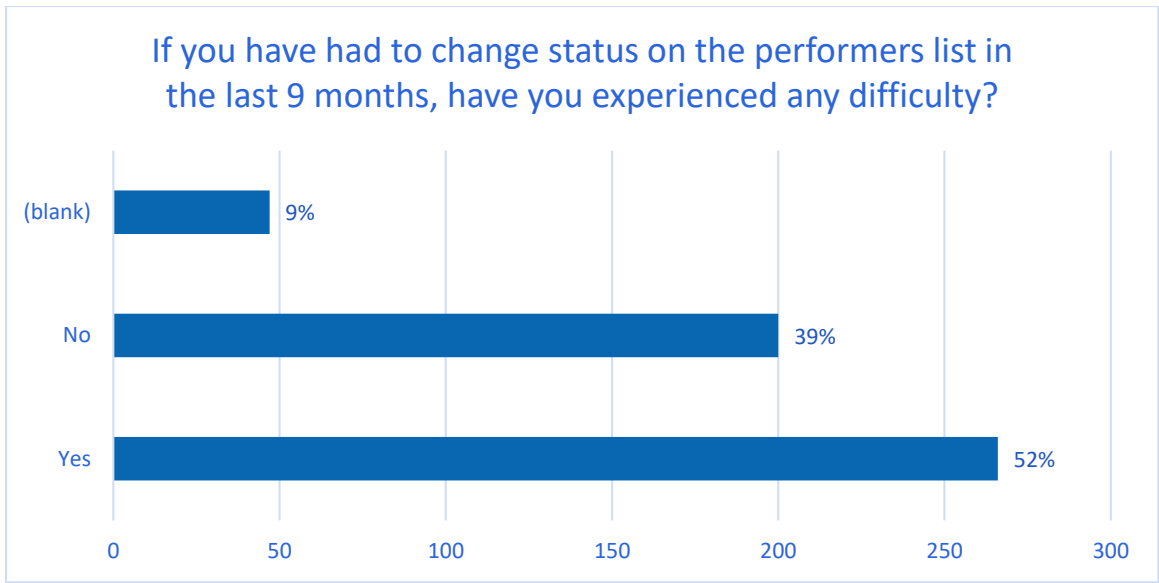
In addition, 39% of all GPs that responded are aware of an issue with their accrued pension statement.

### Performers list

#### Have you experienced any difficulty in joining the performers list in the last 9 months?



Almost a quarter of respondents reported that they had experienced difficulty in joining the performers list – this is extremely concerning given the latest workforce figures.

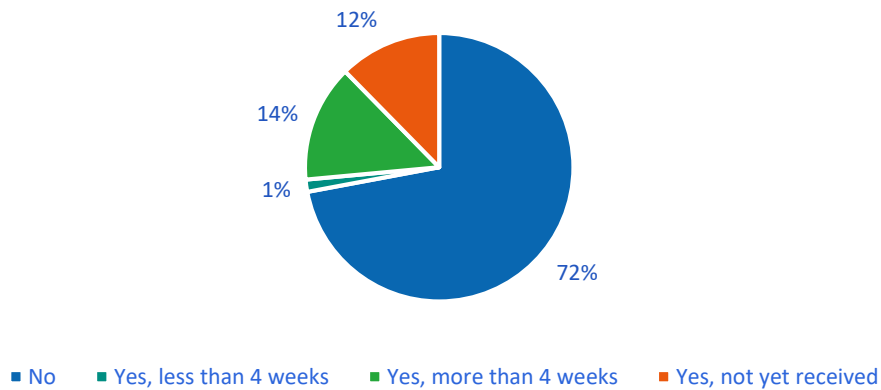


Of the 52 who said they had been removed (or not visible) in error, 23 said that this has resulted in them not being able to work for a period of time (some reporting greater than four months).

Overall the results for this section on the performers list are extremely worrying. This is worsened by the fact that NHS England has not prioritised this issue (suggesting their focus is on areas that impact on patient care, which they do not believe this does).

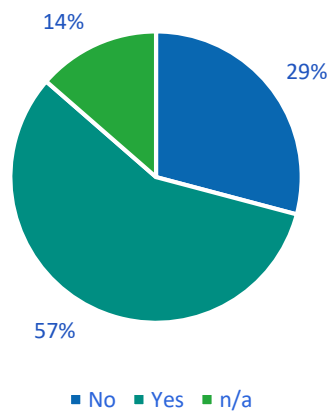
## GP Trainees

If you are a GP Trainee and receive indemnity reimbursements through PCSE, have there been any delays in receiving this over the last 9 months?

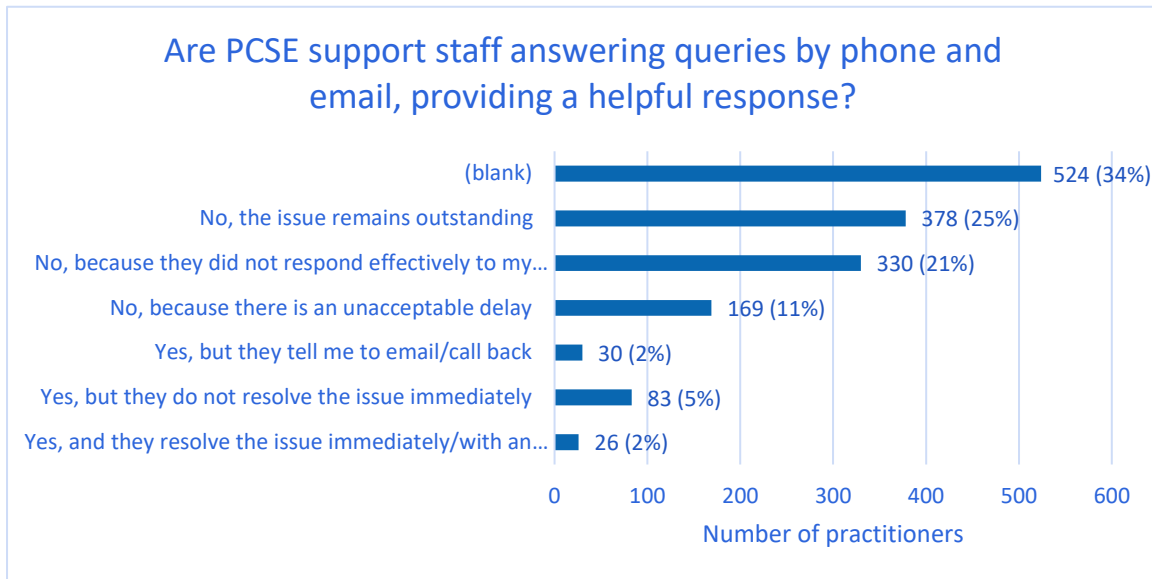


With over a quarter of GP trainees experiencing a delay in reimbursements for indemnity, it is worrying that the vast majority of those are for a long period of time or are still unpaid.

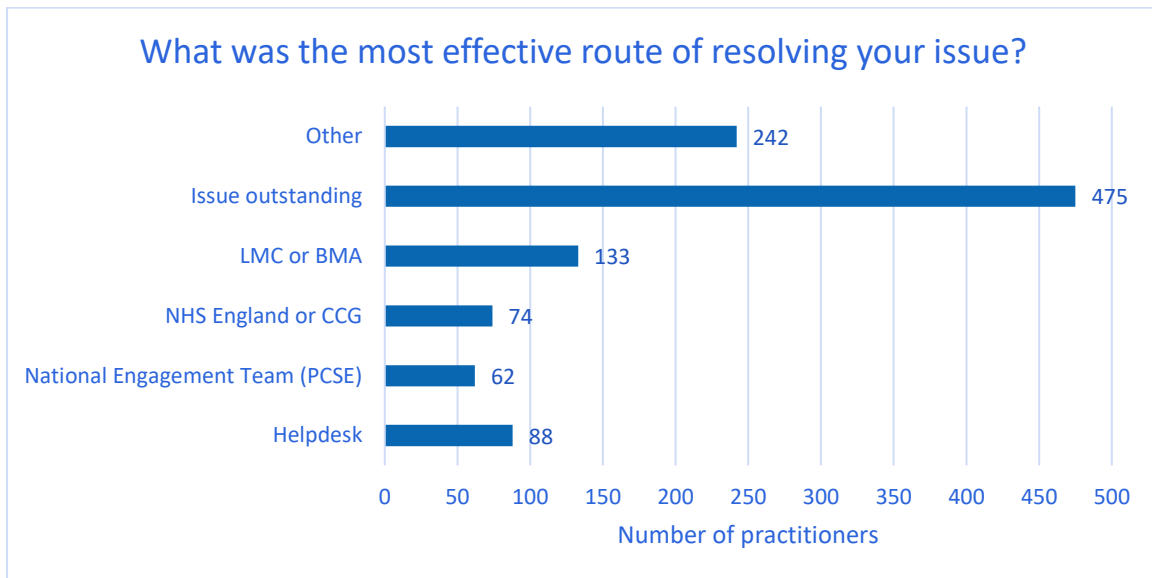
Have you experienced any delay in receiving your pay or allowances in the last 9 months?



## Communication and issue resolution



These results broadly correlate to the same question asked of practices, showing that issue resolution is a serious problem.



## Conclusions and further considerations

Despite the 18 months (since our last survey) of commitments and assurances from NHS England and PCSE, and supposed improvement, there has been little to no improvement across all service lines, with some showing significant decline. The impact this is having on practices is being reported on a daily basis to LMCs and to the GPC. Not only are the problems persisting and indeed worsening, but the ability of PCSE to resolve (and communicate to practices and practitioners about the resolution) is also worsening.

All types of GP are reporting issues with the services provided by PCSE, covering a wide geographical spread across England. This is not a localised or limited problem, but is widespread and profound. Reports to GPC suggest that while some issues may be resolved within a short timescale (for example some issues with payments to practices may be resolved in the next monthly payment) further issues are occurring for that same individual or practice (for example the next month's payment to the practice will include a different error).

NHS England awarded £1bn of tax-payers money to Capita to deliver these services, but not only are the services not being delivered appropriately, a further significant amount of tax-payers money (in addition to the £1bn) is being spent on resolving problems that should not have occurred in the first place.

Capita must stop benefitting from tax-payers money and inject more money and human resources into delivering an appropriate and safe service to practices and their patients.

While PCSE is the organisation responsible for the delivery of these services, and is failing in this respect, NHS England is ultimately accountable for commissioning this service, and must take action to ensure that tax-payers money is spent appropriately. NHS England must ensure PCSE is delivering a good standard of service, using any levers at its disposal, and prepare an alternative plan in the event that Capita is unable to improve its performance and unable to continue to hold the contract for providing support services to general practice.