

Karen Wheeler

National Director: Transformation and Corporate Operations
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Failure of primary care support services

Dear Karen,

I write 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.

Capita appears to have been considerably underprepared for the level of work and resource required for the roll out of new services related to patient records transfer, provision of medical supplies, and the reconfiguration of PCS offices. The new process was promised to improve efficiency and provide greater governance safeguards without additional burden to practices and we were assured that the impact would be minimal. The pilot and interim solutions continue to be unsatisfactory, and have led to significant delays in receiving patients' records (particularly urgent requests), and increased workload, disruption and expense to practices. The increased workload is particularly critical for those practices that have a large patient population and/or a high turnover of patients (for example university practices).

CitySprint, who were commissioned by Capita to courier the records between practices, have significantly underestimated the work and resource required, with some pick-ups not being made for a number of weeks. We have received reports of more than 200 records being stored at practices' receptions for over three weeks. I'm sure you will agree that this is unacceptable and undermines the reputation of both PCS England and NHS England. The frequency of pick-up, and the pick-up from multiple sites needs urgent attention.

Practices have advised that due to a failure in the provision of medical supplies (such as syringes, needles) and prescriptions stationery, patient services have been disrupted. Clearly this presents a significant risk to the care provided to patients. We understand that measures are being put in place to mitigate against the lack of supplies, but often these mitigations increase workload and cost to practices and despite the reassurances we received some weeks ago there does not seem to be improvement.

Chief executive: Keith Ward

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It would appear that the customer support centre was also underprepared, the situation being exacerbated by the increased queries related to the above issues. It is simply unacceptable for busy practice staff to be left waiting over half an hour for an urgent phone call to be answered or to not receive replies to emails for days.

There also appear to be significant failures for other primary care contractors e.g. supply of pharmacy tokens, which impact on GP services and undermines public confidence; we are hearing about unsatisfactory services related to payments, management of the performers list, support for NHS England local area teams, confusion over claims, and problems associated with pension payments. This is causing significant reputational damage to what was previously a reliable service underpinning primary care.

We realise that this is a complex transition, however the systemic failure of several elements of support services is totally unacceptable. These widespread failures are leading to increased workload for practices, governance risks, direct impact on patient services, and significant cost and disruption to practices and individual GPs. There is much trepidation about the future transformation of the service, suggesting that future plans need vigorous testing and scrutiny, are acceptable to the end-user, are safe, and must have robust contingency planning in place.

As a matter of urgency we need to know:

- exactly what is being done to resolve and stabilise the service
- that no further plans will be implemented until they have been thoroughly tested, and proved to be safe, but also acceptable to end users
- sufficient numbers of adequately trained staff are available (halting office closure plans if required)
- lessons will be learnt, by altering the service specification with Capita and by providing additional funding support for practices
- any current or future PMS reviews should take into account the increased workload when deciding on appropriate levels of funding
- any governance breaches should be investigated and NHS England must indemnify GPs who have acted reasonably, but find through no fault of their own, breaches of any CQC or information governance issues as a result of these changes.

NHS England made this change to a reliable and trusted NHS service with the explicit intent of making significant financial savings through the use of a commercial provider. The result has been an unacceptable transfer of unfunded work on to already hard-pressed practices. Therefore every practice should receive recurrent recompense for the extra workload related to the new Capita services, in addition to compensation for increased workload and inconvenience caused by the unsatisfactory introduction of these services.

I look forward to hearing from you.

Yours sincerely



Chaand Nagpaul, GPC Chair

cc. Mark Berman, Managing Director PCSE, Capita and Gus Williamson, Head of Service Management (Primary Care Support Services)