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medical

STAY CONNECTED

JANUARY 2021



Welcome to the first edition of Stay Connected for 2021.

Is it too late to say Happy new year? We are hoping we are just able to get away with it and to share our best wishes for 2021 with you all.

This is proving to be a very difficult start to the year and possibly the worst stage of the UK COVID-19 pandemic. We know that many of you are dedicating all your time and energy into your NHS work and we will work hard to provide the support needed to run your private practice and to ensure your private patients are well cared for throughout this difficult period.

We hope you enjoy this month's newsletter, and we look forward to hearing your feedback.

Designated Medical Team

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DESIGNATED MEDICAL COMMUNITY THANK YOU

This section of our monthly newsletter is normally dedicated to highlighting one of our Consultants, however this month we want to take the opportunity to highlight you all.

The Designated Medical team are continually blown away by the extraordinary commitment of all those who continue to work within the NHS or have returned to it, in these unprecedented times.

The pandemic is a continual challenge for all healthcare workers, whether they are within the NHS or the private sector and we want to acknowledge this by saying 'Thank you'.

Many of you are working tirelessly on the frontline to care for people in need in addition to managing your private practice patients, and we are proud to call you our clients.

The very least we can do is stay at home and not spread the virus and you can rest assured we are all doing so.

We wouldn't survive without you.



**The whole Designated Medical team
are here to support you. Don't hesitate to contact us.
Jane@designatedgroup.com**

DELIVERING EXCELLENCE CONSISTENTLY



In the final article in our Patient Experience series in **Independent Practitioner Today**, Jane Braithwaite shares her views on why you need to deliver excellence consistently.

Every single encounter with your patient makes a difference. To set the scene, I would like to use the words of the great rock musician Bruce Springsteen.

“**Getting an audience is hard.
Sustaining an audience
is harder.
It demands a consistency of
thought or purpose and of
action over a long period
of time.**”

This quote obviously relates to producing music and performing, but his emphasis on **‘consistency of thought or purpose and of action over a long period of time’** is equally true for your focus on your patients.

There is plenty of evidence that a long-term sustained focus on any area leads to improvement and that is what you are aiming to achieve in your own practice, clinic or hospital. In your work with patient experience, you started by defining your patient experience strategy, setting out your vision, which forms your guiding map of what you want your

practice to be and setting your objectives to achieve in order to have this vision. In last month’s article, we focused on measuring patient experience, discussing the various methods of doing so, including surveys and focus groups, and the importance of capturing and presenting the data in a format that can be easily understood and used.

Identify what patients are telling you. The next step in the process is to reflect on the findings from the measurement activities to fully understand what your patients are telling you.

Take ownership. Agree who will take ownership of the improvement plans and who will develop them and manage their progress.

How will your improvement plans be developed? Every individual who interacts with your patients, from your marketing manager through to the receptionist at the hospital where you operate, is a member of your own patient experience team. But it may not be possible to involve every individual in the development of the improvement plans, although, ideally, you want to involve as many as possible.

Barriers to improvement – Middle Managers

Embedding an improvement culture – Follow this plan

The experience of living through 2020 has taught us many things, but one important lesson is that change is inevitable and can be drastic.

[READ MORE](#)



BREXIT AND PRIVATE HEALTHCARE

The start of 2021 has understandably been dominated by the continued coverage of the COVID-19 pandemic, but the 1st of January 2021 also marked the date the UK left the EU, and this brings changes for all of us in the UK both in our personal and business lives.

On Christmas Eve, Boris Johnson proudly announced that a UK-EU trade deal had been agreed, containing rules for living, working and trading together and this agreement took effect from 11pm on 31st December.

At Designated Medical, our goal is to help our consultants manage and grow their private practices, providing the support needed to enable them to succeed whilst also reducing the stress and pressure of working in private practice. As part of this commitment, we regularly share our expertise and knowledge, aiming to offer helpful guidance on best practice.

We have been reviewing how Brexit affects our business and we thought it would be helpful to share our understanding with our consultants too, in the hope that it may help you understand the key changes. We are by no means experts on this subject and the information we provide is gleaned from our research using the information provided by the Government on their website.

We would welcome your feedback and comments to help us all gain a deeper understanding of the important changes.

The UK-EU trade deal is a 1200-page document, (the summary is 34 pages long) describing exactly what has been agreed which I doubt many of us will find the time or motivation to read, but we do need to assess how Brexit affects the private healthcare sector. The full document can be accessed [here](#).

Brexit seems to affect the private healthcare sector in three main ways as follows:-

- **Importing/exporting medical supplies and devices**
- **Sharing data**
- **Recruitment**

Importing and exporting medical supplies and devices

As we were made very aware in the run up to Christmas, the borders between the UK and the EU are vital to the flow of goods and any changes risk problems developing quickly.

When France shut their borders on Sunday 20th December, a queue of over 2000 lorries very quickly formed and there is a lot of anxiety that this could happen in the coming weeks and months as result of the new rules regarding the import and export of goods.

In the private healthcare sector, we rely on importing drugs, vaccines, medical equipment and medical supplies and so this is an area we need to think about carefully.

Obviously, the news of the Oxford vaccine is phenomenal, and it is wonderful that we have been able to create this vaccine in the UK so quickly, but many of our medicines and medical supplies are imported into the UK and the Brexit deal changes the way this is managed. Most of us will not be directly involved, but we will be reliant on our suppliers to ensure that supplies are able to reach us in a timely manner. Suppliers will be responsible for handling the change of process and the additional administration involved, but we also have a responsibility to make sure we have access to the supplies needed to deliver care to our patients.

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Our client, **One Stop Pharmacy**, is a provider of medicines treating mental health issues both for the NHS and for private hospitals and they have taken a very proactive approach to Brexit and have communicated this to their customers.

"We currently hold at least six weeks supply of our top 350 medicines and are constantly monitoring supply and/or manufacturing disruptions on a daily basis. Any procurement issues will be relayed at the earliest opportunity and our pharmacist's will suggest suitable alternatives to ensure continuity of care.

All medicines will be delivered as normal and we anticipate no disruptions to your usual delivery schedules during this time. In addition to this, we currently use two different courier delivery companies who will be utilised in the event our in-house delivery drivers become incapacitated."

For further information on the services provided by One Stop Pharmacy, please see their website www.onestop-pharmacy.co.uk

Sharing data

As part of the EU, the businesses in the UK were able to receive personal data freely from all EU countries and this was extended to cover the transition period. The Brexit agreement has permitted this freedom of data to continue for no more than 6 months until "adequacy decisions" have been adopted.

Information Commissioner, Elizabeth Denham said:

"This is the best possible outcome for UK organisations processing personal data from the EU. This means that organisations can be confident in the free flow of personal data from 1 January, without having to make any changes to their data protection practices.

We will be updating the ICO guidance on our website to reflect the extended provisions and ensure businesses know what happens next.

At this stage it's good news for businesses and public bodies."

For further updates you can follow ico.org.uk

It is hugely ambitious to agree a new regulatory alignment within 6 months and the ICO is recommending that businesses who receive data from EU and EEA organisations work with them to put in place "alternative transfer mechanisms" to avoid any issues later this year.

Questions that should be asked to determine if these changes may affect your practice are as follows:-

1. Does the practice directly offer services to individuals living in or residents of the EU?
2. Does the practice process data of individuals living in or residents of, the EU, including through the use of cookies on your websites (even if you do not offer services)?
3. Does the practice outsource services to companies (data processors) outside the UK who are based in the EU or outside the EU and therefore store data in other countries?

If the answer to any of these questions is yes, then further action will need to be taken within the next 6 months.

Recruitment

The third area of relevance to those of us working in healthcare relates to the recruitment of employees from outside the UK affecting both the NHS and private healthcare. For many years we have relied upon employees from outside the UK coming to work in our hospitals and clinics and Brexit is going to make this more complex and there are additional responsibilities for us as employers. Many people are concerned that, without the additional support of employees from outside the UK, we will struggle to resource our health service adequately. Brexit does not stop us from employing people from outside the UK, but it does put additional procedures in place and a greater responsibility on us as the employer.

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EU citizens currently living in the UK by 31st December 2020 will see no change to their rights and status until 30 June 2021. To continue living in the UK after June, EU citizens can apply to the UK settlement scheme. For EU citizens moving to the UK after 1st January 2021, they may be required to apply for a Visa.

Employers will be able to recruit “Skilled workers” from the EU after 1st January, but it will not be possible to recruit from outside the UK for jobs offering a salary below £20,480 or jobs at a skill level below “RQF3” which we understand is equivalent to A level. For some jobs in health and education and also for people at the start of their careers, there are different salary rules.

To understand more about the required skill level and salary levels read more [here](#).

In summary, as business owners, doctors and employers, we need to consider how Brexit affects us and ensure we are aware of the additional responsibilities it places upon us.

As mentioned earlier, this is not our area of expertise and we are approaching this as a business, ensuring our own company is compliant, and also as a service provider to consultants working in private healthcare.

We want to make sure we are well informed, and we thought it would be helpful to others for us to summarise and share our understanding along with references to key supporting information.



There is a documented process to follow to employ a skilled worker and you will also need to pay a licence fee between £536 and £1,476 depending on whether you are classified as a small sponsor or charity, or a medium or large sponsor.

As always, we welcome your feedback and comments, especially if you have a deeper understanding than we do. If we receive a significant amount of information from readers that we think will be valuable to others, we will review and update this article and re-post.

We look forward to hearing from you.

TEAM SPOTLIGHT: LISA CUSHING

All businesses need an accountant to provide the specialist service that HMRC require when reporting on tax, whether private or business. Private consultants are no exception, so it makes absolute sense that Designated Medical develop and grow our finance business further to provide our clients with an additional service alongside our Medical PA support and marketing.

Most businesses have a very distant relationship with their accountant which consists of a flurry of emails at year end chasing for information to prepare the end of year accounts or once a quarter when the VAT return is due.

Our service will be in line with our other services, in that we will provide you with our expertise in a flexible manner and our team will become part of your clients' team supporting you with their finances throughout the year.

We are delighted to introduce our latest new Designated Medical team member, Lisa Cushing. Lisa is a fully qualified accountant who has worked in both large corporates and smaller businesses including working as COO for a private healthcare company in London. With this experience Lisa adds strong leadership and knowledge to our established finance team. Lisa would be delighted to work with you to fully understand your business goals and provide support to make them achievable.



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