



# Pension discrepancies could affect many GPs

## Plus

- GPs call for funding to support state-backed indemnity scheme
- Silk garments amongst 'low-priority' items facing prescription axe
- Clarification for sick GPs' phased return to work



# Welcome to our latest Focus on Healthcare

Welcome to the latest edition of our Healthcare Bulletin, designed to keep you up to date with the very latest developments in the healthcare sector.

In this edition, we report on demands for additional funding to support the new state-backed indemnity scheme, clarification of phased return to work rules, a consultation which could lead to the removal of further items from NHS prescriptions and finally an admission by NHS England that pension discrepancies continue to cause problems for many GPs.

For more information on any of the issues covered in this newsletter, please contact David Belbin, Philip Redhead or Neil Windley for matters relating to doctors, dentists and opticians, or care homes.

## GPs call for funding to support state-backed indemnity scheme



GP delegates at the 2018 England Local Medical Committee (LMC) conference have voted unanimously in support of a motion for the Government to provide a new fund for a state-backed GP indemnity scheme.

The state-backed GP indemnity scheme is set to take effect in April 2019 and GPs at the conference warned that they were 'outraged and deeply concerned' at plans to fund the scheme from existing resources. They also wanted assurance that no GP would be disadvantaged by the switch to a state-backed scheme.

A speaker at the conference insisted that although the Government may expect funding for state-backed indemnity to come from existing sources, GPs do not, adding that partners cannot afford to fund this out of existing funds. Meanwhile, another claimed that for the indemnity to come from existing funding would "be the end of general practice" and the end of partnerships.

The issue of indemnity was not the only contentious matter at the conference, with GPs also voting against a motion instructing the British Medical Association's (BMA) GP Committee to negotiate a 'wholesale new General Medical Services (GMS) contract.

Dr Richard Vautrey, chair of the General Medical Council (GMC), said that many of the changes that need to be made to general practice had only be achieved through annual contracts. He added that while there is a benefit to negotiating things annually, practices want stability.

Meanwhile, another delegate called for a standardised template for all enhanced service reimbursements that takes into account inflation, as for 12 years there have been no inflationary uplifts despite a wide range of escalating costs for practices.

# Pension discrepancies could affect many GPs

NHS England has written to primary care leads warning them that a review of NHS pensions could uncover a significant set of issues on a 'large proportion of the GP community'.

In the letter, NHS England said it has drafted in consultants to help with a review of all GP pensions data and ensure that the GP pensions' website is updated with the most recent figures.

Meanwhile, over the last year, almost 400 GPs have submitted subject access requests to NHS England in a bid to confirm their pensions records are accurate following identified 'discrepancies' between the data held for pensionable earnings and those for pension contributions.

Private provider Capita has been responsible for the administration of GP pension contributions since September 2015, under the Primary Care Services England (PCSE) contract.

However, grassroots campaign group GP Survival has written to NHS England claiming that the information held by Capita is "incomplete and inaccurate in the majority of cases".

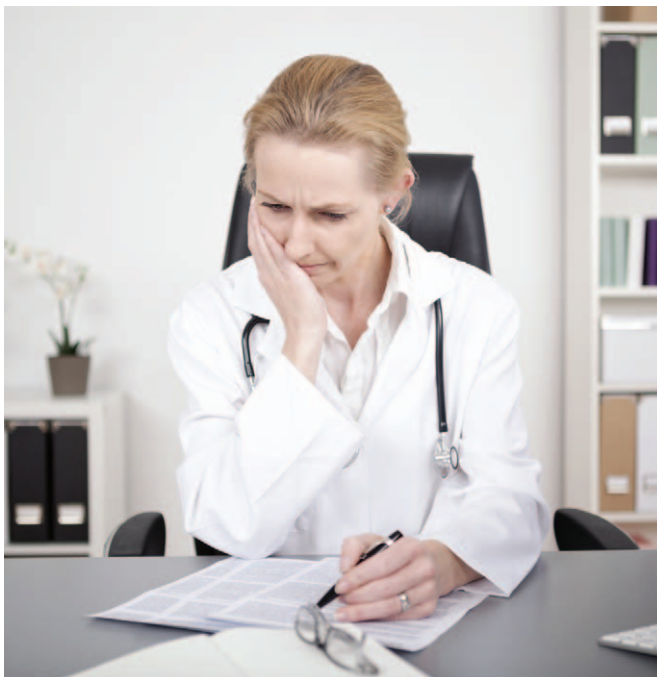
According to the NHS England missive, this complex issue has the potential to have a significant impact on a large proportion of the GP community, both in terms of the costs of performing rectification activity and the potential costs of any changes to GP pensions where they are members of the NHS Pension Scheme.

It went on to say that the immediate focus of the consultancy team will be on ensuring that Pensions Online, the system used by GPs to view their pension information, is updated for the most recent financial year and previous years.

If you think you may be affected by pension discrepancies please contact the team at CHC for help and advice.

# Clarification for sick GPs' phased return to work

NHS England has updated and clarified its protocol over reimbursements for GP performers who are returning to work from sick leave on a phased basis. This follows a successful challenge by the General Practitioners' Committee (GPC) earlier this year which pointed out that commissioners 'misinterpreted' the rules, which meant some practices were not paid.



NHS Employers have now circulated the updated protocol in a FAQ sheet, which clarifies what a phased return to work means and whether or not NHS England supports practices to allow GPs the opportunity to return to work in a phased way.

As the FAQ sheet points out, a phased return to work is an arrangement whereby an individual who has been away from work on sick leave returns to their full duties and working pattern gradually, over a defined time period. Specific details will depend on medical circumstances and the agreement made between the individual and their employer or place of work.

The document also clarifies that the General Medical Services (GMS) contract has no distinction on sickness leave', which means that mandatory reimbursement applies whether a GP partner is under a fit note declaring they are unfit to work, or if they have been advised that they are fit to work on phased return or adjusted hours.

NHS England's clarification on the matter has been welcomed by GP groups, with a spokesman for GPC saying it is only right that practices are reimbursed for all sessions where cover for GPs returning from sickness absence on reduced sessions is required. Moreover, this should apply regardless of whether the absent GP is a partner or salaried.

A spokesperson for NHS England said that the body works with partners to ensure policy and procedures are being implemented fairly and proportionately at a local level.

# Silk garments amongst 'low-priority' items facing prescription axe

NHS England has proposed an end to the routine prescription of 'low priority' items such as silk garments because there is insufficient evidence to prove that the benefits justify the cost.

The consultation is due to run until 28 February 2019, after which joint commissioning guidance is expected to be published by NHS England and NHS Clinical Commissioners. If successful, the routine prescription of eight items will save the NHS an estimated £68million a year.

The latest items under the spotlight, because they are either deemed to be of low clinical effectiveness or have a cheaper alternative include:

- Silk garments – for eczema and dermatitis (low clinical effectiveness)
- Aliskiren – for blood pressure (cheaper options available)
- Amiodarone – for abnormal heart rhythms (low clinical effectiveness)
- Bath and shower emollient preparations – for eczema and dermatitis (low clinical effectiveness)
- Dronedarone – for the heart condition atrial fibrillation (low clinical effectiveness)
- Minocycline – for acne (low clinical effectiveness)
- Blood glucose testing strips – for type-2 diabetes (cheaper options available)
- Needles for pre-filled and reusable insulin pens – for type-1 and type-2 diabetes (cheaper options available)

It was revealed that in England the cost to the NHS of prescribing silk garments, which include baby bodysuits, gloves and leggings, is around £1.2million per year.

NHS England has already stopped routine prescriptions for 18 low-value items, such as paracetamol and cough medicines.

New GP guidance has also been issued on NHS-funded gluten-free food products. Although certain items such as bread and



gluten-free baking mixes can still be provided on prescription, other items such as gluten-free pizzas, cakes and biscuits have been removed from the list.

NHS England chief executive Simon Stevens said: "It is essential the NHS should not be paying for anything which has been proven to be ineffective or where there are safer or cheaper alternatives."

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