

## NHS England considering legal action to reclaim overpayments to GPs

NHS England is considering legal action to recover over £28 million that was wrongly paid to GP partners as part of a seniority pay scheme that operated from 2004 to 2020.

The scheme, which was introduced to encourage retention of older, more experienced GPs, awarded seniority payments to GPs who had worked in the NHS for eight years and earned over a certain amount. The scheme was closed to new entrants in April 2014, but GPs who had already qualified for payments remained eligible to receive them until the scheme ended altogether in March 2020. In 2015/16, the average seniority payment for eligible GPs was around £5,000.

Under the scheme, each GP's seniority pay was calculated on the basis of their estimated annual income, which determined whether they received 100% or 60% of the maximum possible amount that

their length of service entitled them to. However, in its annual report for 2020/21, NHS England revealed that there was inconsistency in the way calculations were carried out during the first ten years of the scheme.

The inconsistency was discovered in 2015, after Capita PCSE took over the contract for primary care support services. It became clear that reconciliation exercises and payment adjustments may not have been routinely carried out in all NHS areas and resulted in GPs receiving payments not aligned to the entitlement.

Subsequent reconciliation exercises to determine the correct level of entitlements revealed that the inconsistent approach had caused significant overpayments, which NHS England has reported as a cash loss of £28.4 million in its 2020/21 accounts.

In February 2022, NHS England announced that it was taking

advice from its legal team to ensure recovery of the overpayments.

One question under consideration is how to claw the sums back from GPs when the overpayments were not made directly to the GPs themselves, but to their practices.

NHS England is currently assessing how many of these GPs are still in service, as this will have an effect on how the money can be recovered. The legal team is also considering whether the Limitation Act 1980 might prevent NHS England from taking action over payments that were made so long ago.

Once these questions have been addressed, NHS England intends to consult with the Treasury and the Department of Health and Social Care (DHSC) to seek approval for any recovery action that its legal team recommends.

Read more about the legal action at: <https://bit.ly/3JclbrS>



# Health Secretary criticised for plans to 'nationalise' general practice

Health Secretary Sajid Javid has faced widespread criticism for alleged plans to nationalise general practice. Under the plans, NHS organisations would take on responsibility for local practices, to help reduce hospitalisations. The Health Secretary described the separation of general practice from the wider healthcare system as presenting drawbacks, such as underinvestment in prevention.

As part of the plans, the DHSC would not take over the employment of GPs. Instead, 'academy style' hospitals would be introduced that would have the freedom to employ GPs directly. As a working example, Wolverhampton's local hospital trust is directly responsible for the delivery of care at ten practices as

part of an open ended pilot that started in 2017.

The Royal College of General Practitioners claimed that the problem was the lack of qualified staff rather than the contractor model. Similarly, the NHS Confederation suggested that placing primary care under the management of hospitals will not fix the major workforce shortages or underinvestment facing these services.

The plans also included an independent review of the future of primary care which would examine how the workforce, business models and GPs work with the other parts of the NHS.

The DHSC has also confirmed that

GPs and nurses must be available to provide screenings, health checks and vaccinations at weekends and on weekday evenings. From October 2022, all PCNs in England will be required to see patients between 9am and 5pm on Saturdays and between 6:30pm and 8pm on weekdays. The extension of operating hours is part of the GP contract updates for 2022/23 and will help tackle the backlog caused by Covid-19.

Extra funding will also be provided to primary care teams to increase checks for cancer and heart conditions.

Read more about this story at:

<https://bit.ly/3tWzYI9>

and

<https://bit.ly/3lbV1We>

## Pharmacies will be permanently allowed to provide vaccinations off-premises

The DHSC has confirmed that changes to the services community pharmacies were allowed to provide during the pandemic will be made permanent from 1 April 2022. The changes will allow community pharmacy contractors to provide Covid-19 and flu vaccines away from their normal registered premises on a permanent basis. Additional healthcare professionals will also be allowed to continue to vaccinate the public.

The DHSC confirmed that the changes had provided flexibility and were used by the majority of pharmacies on a regular basis during the pandemic. They also enabled pharmacies to provide hundreds of pop-up clinics and to support groups of patients who were unable to make appointments through the health service booking system. The DHSC also believes that the NHS's capacity to administer Covid-19 and flu vaccines would be

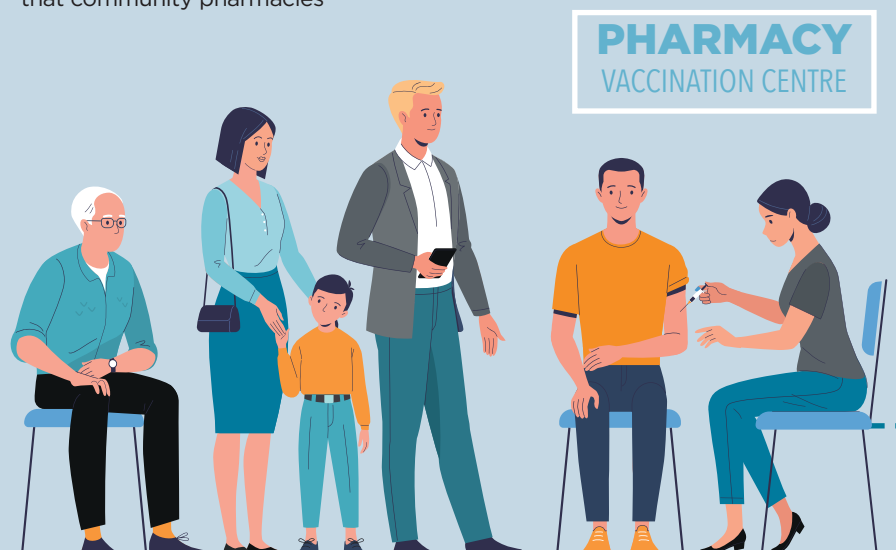
severely impacted if the changes were not made permanent.

In the first year of the Covid-19 vaccination programme, community pharmacy-led sites administered 22 million vaccines. Data from the Pharmaceutical Services Negotiating Committee revealed that community pharmacies

administered 4,786,092 flu vaccines between 1 September 2021 and 15 February 2022, far exceeding the 2,766,332 administered between 1 September 2020 and 31 March 2021.

Read more about the changes here:

<https://bit.ly/3q6rCq8>



# In brief...

## Integrating health and social care

The DHSC has published a white paper setting out plans to integrate health and adult social care to help improve value for money and quality of care. Recommendations include better transparency on the performance of care providers, earlier patient interventions, and creating a single digital care record so patients can manage their health needs and appointments through a central platform. The white paper also sets out plans for closer integration between GPs and other forms of community support, such as social prescribing, to deliver personalised care and avoid more invasive and expensive medical treatments. Read more about the white paper at:

<https://bit.ly/3MNFevg>

## Community pharmacy workloads expected to double

The Pharmaceutical Services Negotiating Committee (PSNC) has warned that demands on community pharmacies will increase significantly over the course of the current Community Pharmacy Contractual Framework. Overall, demand from clinical services on pharmacy staff time will increase by 87% in 2022/23 compared with 2018/19. Pharmacies have also faced rising workloads, higher costs and demand for new services due to the Covid-19 pandemic. As a result, the PSNC has called for measures to ensure that community pharmacies are sustainably funded and able to respond to further expected increases in demand. Read more about the warning at:

<https://bit.ly/3u1q4yC>

## Prototype dental practices to return to existing models of care

'Prototype' dental practices piloting new ways of providing NHS dental care will return to standard models of care from April 2022. NHS England has announced a series of support measures to help practices revert back to offering care in accordance with their General Dental Services contract or Personal Dental Services agreement. While NHS practices that fail to meet 100% of pre-Covid activity levels will face financial penalties from April 2022, this target has been reduced to 90% for prototype practices. However, the British Dental Association has warned that the support for prototype practices is inadequate and that previous practices which have left the prototype programme have taken up to four years to revert to existing models of care.

Read more about the announcement at: <https://bit.ly/3tWabcU>

## GP numbers continue to fall

The number of GPs working in England continued to fall in 2021, according to the latest workforce data from NHS Digital. The number of full-time equivalent GPs dropped by 284 in the three months to November 2021. As a result, GPs are now caring for an average of 2,222 patients, which is an increase of more than 300 since 2015. The figures have revealed that the number of GPs in training, locums and GP partners also fell in 2021. The BMA has warned that the fall in the number of GPs is unsafe and unsustainable, and called for immediate action to boost GP numbers. Read more about the figures at: <https://bit.ly/3JcJpDu>

## Free PPE provision scheme extended

The DHSC has confirmed that the Personal Protective Equipment (PPE) provision scheme will be extended for 12 months until March 2023, or until the Covid-19 infection prevention and control guidance on PPE usage is withdrawn. The scheme allows health and social care providers to receive free PPE from a central stock. The announcement follows a DHSC consultation which revealed that 95% of respondents were in favour of extending the PPE provision scheme. The DHSC has also announced that a new online portal will be rolled out from April 2022 to make it easier for healthcare providers to order PPE via the scheme.

Read more about the extension at: <https://bit.ly/3KLAUzC>

## Significant rise in locum bookings

Figures from the National Association of Sessional GPs (NASGP) have revealed that locum bookings quadrupled in the 12 months prior to November 2021. The figures also showed that bookings made via the LocumDeck booking platform reached the highest level since 2016. The biggest increase was recorded in winter 2021 when GP practices used additional funding allocations to book locums. According to the NASGP, a significant rise in staff absence due to sickness or self-isolation has forced more practices to book locums. Demand for locums is expected to continue to increase in Q1 2022. Read more about the figures at: <https://bit.ly/3w3Fx45>



# Aspects of practice management could be undertaken by PCNs

The administrative burden on general practices could be lightened by having some aspects of the management and business functions performed by Primary Care Networks (PCNs), it has been suggested. The NHS Confederation believes that some HR, finance and estates tasks could be carried out 'at scale' at PCN level rather than individually by practices. The suggestions were made in evidence submitted to the Government's consultation on the future of

general practice. Cited as an example was the introduction of the Additional Roles Reimbursement Scheme, which has seen employment managed at PCN level or by the GP Federation. The NHS Confederation also warned that some practices could lose existing support functions when commissioning functions currently provided by Clinical Commissioning Groups are taken over by Integrated Care Boards from July 2022.

Evidence submitted by the Practice Management Network (PMN) claimed that practice managers are undervalued by the wider NHS, arguing that they are under increasing pressure to deliver complex services. It also suggested that greater numbers of managers are becoming partners without the benefit of the New to Partnership Payment Scheme. The PMN has called for a stronger

voice for practice managers within PCNs and formal acknowledgment for practice managers as partners. The Practice Management Network also believes that NHS England needs to improve partnership working with practice manager groups and involve them in strategy.

Further evidence submitted from surgeries said that messaging from the Government and NHS England advising the public to contact their GP rather than the surgery team was problematic.

The consultation, which took submissions at the end of 2021, will examine the challenges facing general practice over the next five years, including regional variation, workload, and general practice's partnership model. Read more about the suggestions at: <https://bit.ly/3CKv5Qd>



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## NHS England accept late claims

NHS England has confirmed that it will accept GPs' claims for compensation against the pension annual allowance tax charge for 2019/20, even if the claims are submitted late. The announcement was made in response to a warning that many GPs would not meet the 11 February 2022 deadline for submitting claims under the Pensions Annual Allowance Charge Compensation Scheme (PAACCS) because they had not received the necessary paperwork from NHS Pensions.

Under the current NHS pension scheme, the highest earning GPs pay at least 14.5% in pension contributions, but a tapered annual allowance limits the amount they can pay into their pension tax-free each year. However, under the PAACCS, members of the NHS pension scheme are compensated for any tax charged through a deduction from their pension income when they retire.

In order to claim the compensation, GPs need an up to date pension savings statement from NHS Pensions.

However, in February 2022, many GPs had not been issued with a statement, and their online pension records had not been updated, putting them at risk of losing thousands of pounds in compensation. NHS England confirmed that the deadline would not be extended, but late claims will be accepted where GPs were unable to meet the deadline due to not receiving a 2019/20 pensions savings statement. In these cases, GPs will be able to submit their claim up to six months after receiving the statement. Late claims will be batch processed by NHS England at a date which has not yet been confirmed.

Read more about the late claims at: <https://bit.ly/3JcE6nK> and <https://bit.ly/34HFsaU>