

LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited

September 2015

THE GP EARNINGS AND EXPENSES ENQUIRY REPORT 2013/14

The Health and Social Care Information Centre has now published the GP Earnings and Expenses Enquiry Report (EEQ) for the financial year 2013/14 and it can be found at:

<http://www.hscic.gov.uk/catalogue/PUB18375>.

The headline figures focus on “combined GPs”, that is GP contractors and sessional GPs together. For contractor GPs, the headline EEQ figures relate to earnings, expenses and income derived from all self-employed sources, as reported on tax returns. The figures therefore *include* private as well as NHS work. As a guide to NHS/private income proportions, the average NHS superannuable income for GPMS contractor GPs in 2011/12 was 94.6% of total earnings. The estimates presented in the report *exclude* employer’s superannuation contributions.

The EEQ report also includes income averages for salaried GPs. Figures for salaried GPs relate to earnings, expenses and income derived from all employed and self-employed sources, as reported on self-assessment tax returns. They therefore include private as well as NHS work. The results for salaried GPs also include full and part-time GPs. The data source for the survey is HM Revenue and Customs’ (HMRC’s) tax self-assessment database.

Combined GPs

The *mean* income before tax for combined GPs (contractor and salaried) in the UK in 2013/14 was £90,200 for those GPs working in either a GMS or PMS (GPMS) practice (compared to £92,900 in 2012/13, a decrease of 2.9% which is statistically significant).

The *median* income before tax for combined GPs in the UK in 2013/14 was £86,700 compared to £89,300 in 2011/12, a decrease of 2.9%.

The median figure is included in the report as the mean skews figures in favour of outliers.

The **average income before tax for GPMS combined GPs in 2013/14, by country** was:

- £90,700 in England compared to £94,200 in 2012/13, a decrease of 3.7 percent which is statistically significant
- £86,500 in Scotland compared to £85,200 in 2012/13, an increase of 1.6 percent which is statistically significant
- £85,900 in Wales compared to £86,900 in 2012/13, a decrease of 1.2 percent which is not statistically significant
- £96,500 in Northern Ireland compared to £92,200 in 2012/13, an increase of 4.7 percent which is statistically significant

Contractor GPs

The EEQ for 2013/14 states that for contractor GPs in the UK, average net profit was:

- £96,000 for those GPs working under a General Medical Services (GMS) contract compared to £97,300 in 2012/13, a decrease of 1.4 percent which is statistically significant
- £106,800 for those GPs working under a Primary Medical Services (PMS) contract compared to £110,800 in 2012/13, a decrease of 3.7 percent which is statistically significant
- £99,800 for those GPs working under either a GMS or PMS (GPMS) contract compared to £102,000 in 2012/13, a decrease of 2.2 percent which is statistically significant.
- The *median* income before tax for GPMS contractor GPs in the UK in 2013/14 was £96,500 compared to £98,700 in 2012/13, a decrease of 2.3 percent.

The GPMS expenses to earnings ratio (the proportion of an individual's gross turnover that is consumed by business expenses) was 63.5% in 2013/14. This is an increase of a further 1.0 percentage points on the 2012/13 expenses to earnings ratio, reflecting that expenses have increased once again while earnings have continued to decrease.

Average net profit for contractor GPs in 2013/14 by country was:

- £101,900 in England compared to £105,100 in 2012/13, a decrease of 3.1 percent
- £90,400 in Scotland compared to £88,800 in 2012/13, an increase of 1.8 percent
- £91,000 in Wales compared to £91,000 in 2012/13, no change
- £96,500 in Northern Ireland compared to £92,200 in 2012/13, an increase of 4.1 percent

Salaried GPs

The average income before tax for salaried GPs in the UK in 2013/14 was £54,600 for those GPs working in either a GMS or PMS (GPMS) practice compared to £56,400 in 2012/13, a decrease of 3.3 percent.

The median income before tax for salaried GPs in the UK in 2013/14 was £51,200 compared to £53,500 in 2012/13, a decrease of 4.4 percent.

Comparisons with previous publications of the Earnings and Expenses Enquiry

In 2013/14 GPMS GPs had an average income before tax of £99,800; whereas in 2004/05 their average income before tax was £100,170 in cash terms, equivalent to around £128,000 in real terms, and, at its highest point, in 2005/06, the average income before tax was £110,004. Thus GPs now earn less than they did in 2004/5 and that is before inflation is taken into account. Once inflation is taken into account, this is equivalent to an annual percentage decrease of around 2.1 percent per year throughout the period in real terms (adjusted for CPI inflation). The continuing rise in the Expenses to Earnings Ratio confirms the argument around "unavoidable" expenses, which have forced GPs to take a pay cut to be able to deliver a service.

UK GPMS	2012/13	2013/14	% change
Combined Median	89,300	86,700	-2.9%
Combined Mean	92,900	90,200	-2.9%
Contractor Median	98,700	96,500	-2.3%
Contractor Mean	102,000	99,800	-2.2%
Expenses : Earnings Ratio	62.5%	63.5%	

The report also includes a breakdown by country.

Contractor GPMS	% Change in average (mean) income	Earnings/expenses ratio
England	-3.1%	65.0%
Scotland	+1.8%	53.0%
Wales	No change	61.9%
Northern Ireland	+4.7%	51.7%

At a time of rising workload, GP income has fallen by around 2.1% year after year in real terms since 2004/5. Yet again there was a failure to meet the increasing cost of expenses and thus the earnings to expenses ratio increased further. The DDRB had intended GP pay to increase by 1% in 2013/14, far from the reality of a 3% pay cut.

Additionally, these figures mask the increased workload of GPs taking on additional services and through changes to the Quality and Outcomes Framework, and which has contributed to these figures. The income from core contractual pay is likely to have fallen even further.

The BMA's press release on the EEQ has now been issued and can be seen at <http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee>

MISSED ANY BMA GUIDANCE?

The BMA have produced no fewer than 25 guidance documents and briefing notes for GPs in the past six months, all of which are available on the **BMA website**.

[http://bma.org.uk/practical-support-at-work/gp-](http://bma.org.uk/practical-support-at-work/gp-practices?utm_source=The+British+Medical+Association&utm_medium=email&utm_campaign=6042071_NEW12A1+GP+NEWSLETTER+(PARTNERS)+120815&dm_t=0,0,0,0)

[practices?utm_source=The+British+Medical+Association&utm_medium=email&utm_campaign=6042071_NEW12A1+GP+NEWSLETTER+\(PARTNERS\)+120815&dm_t=0,0,0,0](http://bma.org.uk/practical-support-at-work/gp-practices?utm_source=The+British+Medical+Association&utm_medium=email&utm_campaign=6042071_NEW12A1+GP+NEWSLETTER+(PARTNERS)+120815&dm_t=0,0,0,0)

- **New GP contract guidance**: Changes came into effect in April 2015 and it's important that practices are aware of the work that is no longer necessary, such as that on the patient participation DES (directed enhanced service) and alcohol DES, as well as the significantly reduced reporting requirement for the avoiding unplanned admissions enhanced service. There are also new benefits, including non-discretionary funding for maternity leave cover. The BMA have produced detailed guidance on: **how to deliver new contract IT requirements**; the **requirement for patients to have a named, accountable GP**; **publication of GP mean net earnings**; and **how all these changes affect sessional GPs**.
- **Managing your workload**: If you haven't already done so, we would strongly urge you to look at the **Quality first: Managing workload to deliver safe patient care** toolkit. At a time when GPs are overwhelmed with work, which can compromise safe care, this resource provides templates that practices can use locally to challenge inappropriate and unresourced work. The BMA have had very positive feedback from GPs and practices who have used this guidance, with many reporting tangible changes to their workload.
- **GP networks**: A dedicated section of our website details how GP practices can work together in federations, GP provider companies and other collaborative alliances. The BMA have created specific guidance on: **how to set up a network**; **common legal structures for practice networks**; and some **guiding principles**. One prime function of GP networks should be to help members manage their workloads. This includes helping struggling practices, for example through peer support, workload management and the sharing of staff and expertise.
- **Becoming architects of new care models in England** is a discussion document on the NHS Five Year Forward View, informing GPs, practices, networks and LMCs of new integrated approaches to providing healthcare and how this could work for GP networks. In addition, they have produced **guidance on NHS England's new care models vanguard sites**.
- **Out of area registrations**: Despite strong concerns, the Government has allowed patients in England to register with GP practices away from their home residence since January 2015. **Read our guidance and FAQs** to find out what you need to do contractually if you register such patients.
- **Prepare for a CQC inspection**: The prospect of an inspection is daunting, but there are things practices can do to mitigate the stress and make sure you and your non-clinical colleagues are well prepared. The BMA detailed and practical **guidance** walks you through how to prepare for the three key stages of inspection – pre-inspection, the day of the inspection and the outcome.
- **Our take on the 'new deal'** is a detailed analysis of the health secretary Jeremy Hunt's 19 June speech setting out his plans for general practice.
- **Clinical pharmacists pilot**: Last month, NHS England announced a new national pilot of pharmacists working within general practices, with the aim of easing GPs' workloads. **Read our guidance** for the BMA's full details and to learn what funding is available. The application period for practices to bid for this pilot opened on 7 July and closes on 17 September.
- **Focus on PMS reviews and transition to GMS** is essential reading for all PMS practices, to help them understand and proactively prepare for funding reviews.

- **Rent reimbursement guidance**: this is a must-read for leasehold and owner-occupied GP premises.
- **Focus on the global sum allocation formula** gives a comprehensive yet easy to read explanation of how GMS practices are funded.
- The **induction and refresher scheme**, which was launched earlier this year, supports GPs returning to work after a career break.
- **Our Patient Group Direction guidance** explains the BMA's regulations on how nurses, or other registered HCPs (health care professionals) who are not qualified prescribers, can administer prescriptions or medications.
- **Sessional GPs appraisal and revalidation guidance** provides essential tips tailored to the specific needs of sessional GPs.

OUT OF AREA REGISTRATION SCHEME

There is now a system in place to respond to the needs of patients who are registered as out of area patients but who need a home visit at an address in Leeds. However, the LMC remain uncertain that there is a comprehensive system in place across the country. Practices should take this in to account when considering accepting patients as out of area patients.

We have been advised that the Leeds CCGs have coverage of practices participating in the national enhanced service and at least 1 such practice in each area is prepared to cover the whole CCG area. The breakdown is as follows:

CCG	LN	LW	LSE
Number of practices participating in national ES – within own practice boundary	3	4	5
Number of practices participating in national ES and agreed to cover whole CCG area	1	3	5
TOTAL	4	7	10

FIT FOR WORK SCHEME GOES LIVE ACROSS ENGLAND AND WALES

GPs throughout England and Wales can now refer employed patients who have been, or are likely to be, off sick for four weeks or more for a voluntary occupational health assessment. Government information states that: 'The occupational health professional will identify obstacles preventing the employee from returning to work. A Return to Work Plan will be agreed providing recommendations tailored to the employee's needs, which can replace the need for a fit note.'

Further details are available on the **Fit for Work website**, while specific guidance for GPs can be found on the **Government's website** and we have also produced our own **guidance and FAQs**.

SUPPORTING MEMBERS IN THE SECOND CYCLE OF APPRAISAL AND REVALIDATION

The RCGP want to support GPs in their personal and professional. The College want to hear from GPs about how well they have achieved what they set out to do, and what they could have done better. Your input to this questionnaire will be used to inform the RCGP position in the negotiations and planning for the second cycle of revalidation and to improve the support that they can provide.

The questionnaire is available at <https://www.surveymonkey.com/r/Y9XNQS5> until the 13 September 2015 and all responses will be treated anonymously. If you experience any issues when completing the questionnaire please contact revalidation@rcgp.org.uk or revalidation@rcgp.org.uk.
On behalf of Dr Susi Caesar, RCGP Medical Director for Revalidation

SUBJECT ACCESS REQUESTS FOR INSURANCE PURPOSES

The BMA have updated their guidance 'Focus on Subject Access Requests for insurance purposes'. Please note that the advised approach for responding to a SAR for insurance purposes has had to be updated following the Information Commissioner Office's input. They have now also included guidance on responding to SARs from third parties for non-insurance purposes. The guidance is on the BMA website: <http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/subject-access-requests-for-insurance-purposes>

FLU FIGHTER CAMPAIGN

The [Free Resources page](#) on the NHS Employers website contains a number of free resources for the NHS Flu fighter campaign, such as free letters that you can send to staff to encourage them to have the flu vaccine, induction slides for new starters, and a comprehensive communications toolkit that you can use to support your local flu campaign. <http://www.nhsemployers.org/campaigns/flu-fighter/nhs-flu-fighter/resources>

2015/16 VACCINATION AND IMMUNISATIONS GUIDANCE

The 2015/16 vaccination and immunisations guidance and technical requirements to support GMS changes have been updated to include the new and amended meningococcal programmes. The documents are available to download directly from the NHS Employers website via www.nhsemployers.org/vandi201516 and are also attached. They can also be accessed via links on the [BMA website vaccinations and immunisations pages](#)

CHILDREN AND YOUNG PEOPLE EMOTIONAL AND MENTAL HEALTH UPDATE

After significant pressure for improvements to the level of service for children with mental health problems, the LMC is pleased to see a robust provision commissioned for children's and young people's mental health services across Leeds with a single point of access for health professionals. We would welcome feedback from practices as they use this new service. Please note attached update for GPs.

IMPROVING PATIENT CARE THROUGH BETTER GENERAL PRACTICE AND COMMUNITY PHARMACY INTEGRATION – consultation

http://www.rpharms.com/what-s-happening-/news_show.asp?id=2724 This document sets out how significant improvements to patient care could be achieved through better integration of the community pharmacist with general practitioners. It also seeks to explore barriers to implementation and how these may be overcome in practice. The document proposes some areas where the RPS and NAPC believe the greatest impact could be made, as well as how this could happen. The consultation closes on 9 October 2015.

SESSIONAL GP Newsletter

The August edition of the sessional GP newsletter is available [here](#).

The [Deputy Chair's message discusses the busy summer period](#), the newsletter also features [top tips to help ensure locums pay their pension contributions within 10 weeks](#), and a number of blogs: One blog discusses [the benefits of joining a local sessional GP group](#), another [lists things you should consider before resigning](#), the third introduces [Dr Faisal Baig](#) (the newest member of the Sessional GP Subcommittee Executive), the fourth details a [GPs difficult experience completing a ALS course](#) and the final blog outlines how one [sessional GP made sport their day job](#).

HOLD THAT DATE – workshops to be hosted by Leeds LMC Ltd

- GPs at the heart of new ways of working** – Tuesday 17 November 2015 6.45pm-9.20pm
 Venue: Weetwood Hall conference centre, Otley Road, LS16 5PS
 An evening event for Leeds GPs and practice managers to decide on the way forward for multi-specialty community provider (MCP) development in Leeds. Further details to follow.
- ICO Data protection workshop** – Wednesday 9 March 2016 9am-4pm, venue Leeds tbc
 A workshop for GPs and practice managers who process personal data in their daily roles provided by the Information Commissioner's Office (ICO) Good practice team. Further details to follow.

CCG 360° STAKEHOLDER SURVEY 2015

NHS England commissions an annual national CCG 360° stakeholder survey and the 2015 results are now available. The surveys are carried out by Ipsos MORI and allow stakeholders, including GP member practices, to provide feedback on working relationships with the CCGs.

We are grateful to the Leeds CCGs for sharing their surveys with the LMC. By way of comparison we set out below an extract showing some of the findings across the three Leeds CCGs. We encourage practices to contact their CCG to look at their full results, which compare each CCG's results with all CCGs in the country. We would be interested to know to what extent the findings reflect your own experience of working with your CCG. Please feedback any views to the LMC on how the three Leeds CCGs can improve further.

	LEEDS NORTH CCG		LEEDS SOUTH & EAST CCG		LEEDS WEST CCG	
	CCG in 2014 (Base: 39)	CCG in 2015 (Base: 26)	CCG in 2014 (Base: 41)	CCG in 2015 (Base: 38)	CCG in 2014 (Base: 42)	CCG in 2015 (Base: 32)
Extent of engagement by CCG in last 12 months (% a great deal/a fair amount)	90%	96%	95%	89%	88%	88%
Overall rating of working relationship with CCG (% very good/fairly good)	90%	92%	90%	84%	81%	72%
Confidence in the CCG to commission high quality services (% strongly/tend to agree)	82%	81%	66%	68%	69%	69%
Effectiveness of CCG's communication about commissioning decisions (%strongly/tend to agree)	62%	69%	51%	53%	55%	53%
The CCG's plans and priorities are the right ones (%strongly/tend to agree)	67%	73%	73%	50%	64%	56%
There is clear and visible leadership of the CCG (%strongly/tend to agree)	82%	92%	83%	66%	76%	72%
There is clear and visible clinical leadership of the CCG (%strongly/tend to agree)	69%	85%	80%	71%	83%	81%

WEST YORKSHIRE HEALTH PROTECTION UNIT NEWSLETTER

Please find attached the West Yorkshire Health Protection Unit Newsletter for August 2015.

COMINGS AND GOINGS

A warm welcome to.....

2 new salaried GPs who have started at Gibson Lane Practice, Dr Rachel Grainger on 1.8.15 and Dr David Whittle on 7.8.15

Whitehall Surgery is happy to welcome Dr Angela Cooke and Dr Amanda Sadek as salaried GPs

Good bye and best wishes to...

Whitehall Surgery is most sorry to say farewell and happy retirement to Andrea Richardson, the first NP in Leeds, who has driven forward improvements in quality over her 30 year career in general practice, and who has been a great partner.

Practice vacancies at.....

MATERNITY LOCUM REQUIRED

City View Medical Practice, Leeds, is looking to appoint a maternity locum to cover 8 sessions for 6 months with a possibility of extension.

Applications in writing with accompanying CV and references to:

Victoria Keys, Practice Manager, City View Medical Practice, Beeston Hill Community Health Centre, 123 Cemetery Road, Leeds LS11 8LH or victoria.keys@nhs.net

Informal visits/enquiries welcome. Please telephone Victoria Keys or Dr Sahar Alikhan on 0113 305 0129 or 0113 276 0717 to arrange.

Closing date: Monday 19th October www.cityviewmedicalpractice.co.uk

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