



Representing GPs in the Yorkshire & Humber Region



Update from Zoe Norris, Sessional GP representative for Yorkshire & Chair of Sessional Subcommittee GPC UK

I have written to all LMCs to introduce myself as the new chair of the sessional subcommittee. I would also like to take this opportunity to encourage all sessional GPs to get in touch with your LMC if you haven't already and find out what they do and how to get involved.

Included within this newsletter are updates for your information. The sessional subcommittee welcomes your feedback so do get in touch via sessionalgps.gpc@bma.org.uk if there are things you want covered or more information on. Alternatively you can contact me via twitter @dr_zo

Thank you for your ongoing support.

Zoe

Dr Zoe Norris,
Yorkshire Sessional GP Representative,
Chair of Sessional Subcommittee GPC UK

Difficulties obtaining receipts for superannuation payments and annual statements

Locums are concerned about the difficulties obtaining receipts of their superannuation payments and annual statements of these payments since Capita took over. The latest Pensions Newsletter clarifies:

"The GP locum's Employing Authority (i.e. NHS England's regional teams/delegated CCGs, or Local Health Board) or agents acting for the Employing Authority must provide the GP locum with a receipt upon request." <http://www.nhsbsa.nhs.uk/Pensions/5771.aspx>

We know this is not happening, and I am aware that in our region there have been huge issues. There has been added confusion over a move to payments of pension contributions by BACS. This was part of the transformation stream that Capita had as part of their bid. My understanding was until they get the basics sorted, all transformation of the service is on hold. However some parts of the country are still getting letters about this so please let me know if this is happening locally.

I know there are weekly meetings at top level happening behind the scenes but am still being frustrated by the lack of information, and indeed apparent lack of any consequences for Capita of this disaster.

In the meantime, keep photos/copies of your pension forms and cheque, send them by recorded delivery & request a receipt with a SAE.

Indemnity

The NHSE indemnity scheme aims to address rising costs of indemnity, and it is hoped that funding distributed to practices will be passed onto salaried and locum doctors. A new GP indemnity support scheme will start in 2016-17 and provide a special payment to practices, linked to workload, to offset average indemnity inflation. The scheme will initially run for two years, when it will be reviewed. The first payment, which will be separate from standard contract payments, will be made in April 2017.

RCGP FAQs:

<http://www.rcgp.org.uk/policy/~media/Files/Policy/2016/RCGP-Indemnity-FAQs-2016.ashx>

includes the following:

“What about salaried and locum GPs?”

Payments made from the scheme are intended to contribute to the indemnity costs of all GPs at a practice, including salaried and locum GPs. GP practices will have discretion in how they distribute the money from the scheme, but the expectation is that practices should provide an appropriate share of their payment to their salaried and locum GPs.”

There is also further information [here](#)

My personal feeling is that this will be one way that NHSE seek to incentivise partnership and salaried roles over locum positions. Having said that the current package is still paltry compared to the overall indemnity cost.

Indicative locum rates

Indicative locum rates are due to be published as part of this year's mandatory data collection requirements. The data will be collected retrospectively for the period July-Sept inclusive from all practices in England. The single question “how many times did you pay over the indicative locum rate?” will be asked. Needless to say myself and the GPC and BMA staff are busy pointing out the many potential flaws with this data collection, and also pushing to be part of the subsequent analysis. As this is retrospective, rates will be unaffected. We have legal advice that any attempt to “cap” locum fees would not succeed; repeated messages to practices and locums that these have no bearing on rates and these should continue to be agreed between the practice and doctor needs to be shared. I would be grateful with your help with this.

Appraisal and revalidation

The RCGP has good guidance on appraisal and revalidation requirements [here](#) and a new mythbuster document will be coming out shortly.

Key messages are – increased flexibility for sessional doctors, especially locums on what QIA requirements are; a focus on quality not quantity of reflection. I know this still varies widely from NHSE area team to area team. If you find examples of apparent unreasonable requests from either appraisers or an area team/responsible officer, please get in touch with your LMC. In the meantime the issue of Appraisal & Revalidation will be discussed at the next Yorkshire & Humber LMC Alliance/Officers of NHS England North Region (Yorkshire and the Humber) liaison meeting. This meeting is scheduled to take place on 1 November and whilst it is the view of Y&H LMCs that there has been some softening on the part of NHSE locally in terms of its expectations around appraisal these for now remain out of line with those of the RCGP and this will be the focus of the discussion on 1 November.

The BMA model contract is for PMS and GMS practices

The GPC/BMA model salaried contract is now a requirement not only in GMS practices but also in PMS practices (see para 20.17).

NHS England Standard Personal Medical Services Agreement 2015/16

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/06/pms2015-16.pdf>

PLEASE make colleagues aware of this. Many sessional doctors in PMS practices are not on the correct contract and should contact their LMC or the BMA [employer advisory service](#) if you have any questions.

New retainer scheme

[A new interim retainer scheme](#) has been launched with better funding for the GP and the practice involved. We are in discussions over what the new scheme will look like when the interim one runs out. I had hoped there would be funding to expand the numbers but this remains to be seen.

Practices employing a GP in this scheme will now receive £76.92 per session per week (up from £59.18/week).

The annual payment towards professional expenses for retainers has risen from £310pa to £1,000/session/pa. The scheme is open current retainers and new applicants and retainers can work between 1 and 4 sessions per week.

There is a BMA Step by Step Guide and FAQs [here](#)

Indemnity schemes from other providers

High indemnity costs act as a deterrent to increasing working hours for many and exacerbate the workforce crises. Employer provided indemnity/insurance has also created some concerns amongst sessional GPs. We have been made aware of queries regarding a few specific companies such as Vocare and Care UK.

We have a basic blog [here](#) but if you have come across companies offering their own indemnity, please seek advice from your LMCs or contact me directly.

Access to education/email

Some locums are having problems accessing CCG run education events as bookings are only taken directly from practices. I also know some locums find themselves deleted off the NHS global email system and so miss out on all the statutory updates and alerts. We are looking at both issues and once again – examples please!

In the meantime individual CCGs do welcome sessional doctors informing them of their NHS email address (or private address where an NHS.net address is not held) as this will enable them to send communications directly to you that they send to all other doctors working in the same CCG locality.