

changes to GP income streams

From 1 April 2014, the Quality and Outcomes Framework (QOF) will see further reductions in points available which will effect the income streams of NHS GP practices.

In 2012/13, a maximum of 1000 QOF points had been available, reducing to 900 points for 2013/14 and then a reduction of a further 341 points for 2014/15 to just 559 points maximum. However this represents a restructuring of NHS funding, because the financial resource from 238 of the discontinued QOF points is being transferred into the Global Sum, with the funding from a further 100 points of discontinued QOF being

diverted into the funding of a new Enhanced Service for Avoiding Unplanned Admissions and Proactive Case Management. The resource from the remaining 3 points of discontinued QOF are being transferred to the Learning Disabilities Enhanced Service.

So, what does this mean for an NHS GP practice? Well, there is certainly likely to be an impact on cash flow. Whilst the movement of the resource of 238 QOF points to the Global Sum is likely to be welcomed, practices must be prepared for the likely significant fall in the annual QOF achievement income payment compared to prior years. So where

practices have been used to receiving a sometimes significant cash flow boost when the annual QOF achievement payment is received, practice managers and partners need to be aware that this is likely to be significantly smaller for 2014/15 and plan their practice cash flow accordingly.

Another income stream facing reform and eventual extinction are GP Seniority payments. From April 2014, the Seniority pay scheme will be closed to new entrants. The government are looking to reduce spending on Seniority by 15% a year, with a complete phasing out of Seniority payments by 31 March 2020. There is, however, an intention that this funding will be recycled into the core NHS contract and added to the Global Sum instead.

The Minimum Practice Income Guarantee (MPIG) correction factor is also being phased out from 2014/15. GP practices who still receive this income will see this eroded by one-seventh per year over seven years. The money saved from this will be reinvested back into the Global Sum for all GMS practices. The phasing out of the MPIG correction factor is likely to have the biggest impact on practices who currently still receive a sizeable MPIG payment, but minimal impact for the majority of practices.

Richard Martin
UK200Healthcare Group member



NHS Dental Portal

The NHS Dental Portal is a free online service run by NHS Dental Services for the benefit of NHS dentists.

There are about 22,000 potential users of the Portal, 11,000 contract holders, the providers and a similar number of associates, the performers. 85% of these potential users have activated their Portals with about 12,000 Portals being used.

NHS Business Services maintain a database of clinical and financial information on every provider and performer in England and Wales. Most of this information is uploaded to the Portal in almost real time. Once a Portal has been activated this information is accessible on a 24/7 basis to the Portal user.

Differing levels of access are available, depending on the type of user. The provider has access to the whole site.

- A 24/7 overview of the contract performance, financial and clinical.
- Downloadable monthly pay schedules several days ahead of the BACS payment
- A platform for the completion of the NHS Pension Annual Reconciliation Report (ARR)



The performers have access to their individual information.

- The performer's UDA/UOA performance
- Access to the ARR platform to agree (or disagree) their annual pensionable earnings.

The Portal provides all users with a very powerful management tool. The 2012/13 Portal introduced for the first time the ability to process and submit the ARR online. Paper submission of ARRs was permitted up to 2012/13. However for this year, 2013/14, the ARR can only be submitted through the Portal. The 15% of unactivated Portals will have to be brought into use in the next few months if the ARR statutory requirements are to be met. Although the present Portal has great advantages as a management tool it has its

drawbacks. It lacks interactivity and is contract based. It is proposed, to relaunch the Portal as COMPASS. COMPASS will be a move from a contract centric to a business centric model. COMPASS will provide a single core system for all processes. Contract management will streamline the business operations for practices with multiple contracts with many parts of COMPASS configurable by the dentist.

The pension section is likely to move from ARRs to a real time treatment of superannuation and pensionable earnings, similar to the PAYE system.

If these changes are successfully implemented COMPASS has a very bright future as the main practice management tool for primary care dentists.

David Paul,
UK200Healthcare Group member

take a step back...

By the time you read this newsletter the Chancellor will be delivering his 2014 Budget (19 March). However, it is worth taking a step back to last year's Budget and Autumn Statement when measures affecting employers in 2014-15 were announced.

As from 6 April 2014 employers can claim an allowance of £2,000 per tax year against employer secondary Class 1 National Insurance contributions. The allowance will be claimed in year via real time reporting (RTI) - HMRC is adding a facility to the RTI Employer Payment Summary (EPS) to claim this employment allowance in the form of a yes/no indicator and payroll software providers will be doing the same. The allowance continues from year to year once claimed and is

available to practices operating as sole practitioners, in partnership, as an LLP or as a company (a restriction applies where two or more companies are connected). The allowance cannot be claimed by NHS Trusts.

But, as from 6 April 2014, smaller employers will no longer be able to reclaim part of the statutory sick pay paid to employees under the percentage threshold scheme – PTS is abolished from that date. Government support will be in the form of the Health and Work Service, providing a return to work plan (not payment!) for employees who have been on sick leave for four weeks. A healthy workforce means extra £££s...

And a small step forward...

HMRC has just announced a staggered introduction to the RTI penalty scheme. The new automatic in-year PAYE penalties for late filing and late payment and in-year interest were due to start as from 6 April 2014. However, HMRC says it has 'listened to customer feedback' and has decided to give employers more time to adapt to reporting in real time. The new timetable will be:

- April 2014 - in-year interest on any in-year payments not made by the due date
- October 2014 - automatic in-year late filing penalties
- April 2015 - automatic in-year late payment penalties.

Anne Grant, UK200Healthcare Group member

doctors in brief...

HMRC crackdown could result in higher tax bills for LLPs

Some Personal Medical Services (PMS) practices could be required to pay employers' National Insurance Contributions (NICs) of 13.8% for partners from 6 April 2014 onwards. Currently, partners are exempt from employers' NICs, but, from April, certain partners in Limited Liability Partnerships (LLPs) will be regarded as 'salaried members' and will be taxed as employees. The HMRC crackdown is aimed at organisations that become LLPs simply to avoid paying employers' NICs. To prevent being designated as an employee, a partner in an LLP will have to prove that less than 80% of their salary is guaranteed, and that they have influence over the practice, or make capital contributions to it from their income. Read more at: <http://snipurl.com/28oi833>

GPs will have to collaborate with other practices to win contracts

A survey of 400 GPs has revealed that over 20% of GP practices intend to collaborate with other practices to bid for enhanced service contracts when these are put out to tender. This follows warnings from prominent GPs and procurement experts that single practices are unlikely to be successful in bidding for enhanced contracts. Dr Phil Yates, Chair of GPCare, a federation of 100 Bristol practices, said that individual practices needed to work together as they could not bid for and win CCG-wide contracts on their own. He added that GP practices are in danger of losing out to supermarkets and pharmaceutical companies that are capable of providing enhanced health services such as health

checks, childhood immunisations and minor surgery.

Read more about the survey at: <http://snipurl.com/28oi85b>

CQC drops plans to review GP opening hours

Care Quality Commission (CQC) plans to include a review of GP opening hours in England as part of its inspection programme have been dropped following criticism from GP leaders. However, inspectors will continue to look into how patients access out-of-hours services. The plans to review opening hours were first suggested in June 2013 as part of the 'A New Start' consultation. At the time, many commentators expressed concerns that the CQC would be exceeding its regulatory remit by checking whether practices were open at 'convenient times'. Read more about the CQC plans at: <http://snipurl.com/28oi81x>

dentists in brief...

Dentists urged to give views on pilot NHS contract reforms

Dentists and other stakeholders should provide feedback to the Department of Health (DoH) about the NHS contract reform pilots currently underway in England. The British Dental Association (BDA) has called for feedback following the publication of a new report evaluating the progress of the pilots. The aim of the pilots, which have been running for two years across 90 dental practices, is to shift the focus of contractual agreements from treatment to prevention. Although the BDA report found that patients at pilot practices had experienced health benefits, a number of practical issues were identified. These included problems with the IT software used, the large amount of colour printing required



to provide patients with self-care plans, and the language in the plans not being patient friendly. John Milne, Chair of the BDA's General Dental Practice Committee, said: "It is important that engagement continues as all parties strive for new arrangements that work for practitioners and patients alike." Read more at: <http://snipurl.com/28oi876>

NHS dental treatment statistics published

NHS dentists in England provided treatment to a total of 29.9 million patients in the 24 months to 31 December 2013, up by 1.8 million since a March 2006 baseline. This is according to the latest statistics published by the Health and Social Care Information Centre (HSCIC) in February 2014. In Scotland, 3.4 million patients visited an NHS dentist in the 24 months to 30 September 2013, up by 365,000 when compared to the 24 months prior to September 2010. The number of patients who visited NHS dentists in Wales also increased, from 1.65 million to 1.68 million, over the same period. Read more at: <http://snipurl.com/28oi896>

professional discipline and fitness to practise hearings – getting the case in shape

Facing a disciplinary hearing of any nature is traumatic and stressful. But when the situation involves a professional facing a process which puts their reputation and career on the line, the stakes are hugely increased.

Professional discipline and fitness to practise hearings tend to follow an intensive process unavoidably involving formal documentation and process. There is often volumes of evidence and it is essential that this is forensically examined and critically analysed in order to prepare a defence. There is a fine line to be walked between ensuring that all

relevant evidence is brought in front of the hearing, and not swamping the panel with evidence that frankly is irrelevant.

The danger an individual faces in preparing their own case is not being able to see the wood for the trees. Everything will be viewed through “subjective tinted” glasses; naturally they can’t help but desire to challenge every evidential word said or written against them. This will not assist the case. Likewise, the examination or cross examination of witnesses; avoiding the trap of it all becoming personal and heated defies even the most phlegmatic character.

These matters win or lose cases. And certainly impact upon the level of any sanction imposed. Thorough preparation before, and professional handling of a hearing is critical.

For a professional intending to represent his/herself in proceedings these things are key:

- A measured, objective approach
- Understanding of the procedural regime, checking the detail, reading the “small print”
- Going through the evidence with a fine tooth comb, discarding the irrelevant and focusing purely on the issues in hand.

In general employment law terms, an employee is entitled to be accompanied in a limited way, either by a work colleague or a Trade Union representative. There is no right to professional legal representation. However, in recognition of the significant impact of disciplinary or regulatory proceedings on a professional’s life and livelihood, case law has developed to make an exception for professionals facing “career-destroying” allegations.

For those unfortunate enough to face such proceedings, this right should perhaps be given serious thought?

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incorporation update for NHS Dentists

Dental practices who made applications to perform their NHS primary care contract though a limited company were finding that most PCTs had effectively put this process on hold in the second half of 2012/13.

The official position was that they were awaiting guidance on this from NHS England and, with the PCTs ceasing to exist from 1 April 2013, many of them were unprepared to proceed with applications as this was deemed too much of a risk to take for a soon to be defunct organisation. Subsequently, during 2013/14, guidance was issued by NHS England in an online PDF document, entitled ‘Incorporation for primary care contracts’ at:

<http://snipurl.com/28oeee7>

The guidance states that ‘Any practice which wishes to become a dental body corporate can now do so provided it satisfies the relevant requirements’, one of which is that at least half of the directors must be dental care professionals registered

with the GDC. The guidance also makes clear that incorporation is not an ‘automatic right’ for the contract holder and ‘must be considered on a case by case basis’.

A consequence of NHS England issuing this formal guidance is that incorporation applications from dental practices are now being accepted again following the hiatus. Those practices whose applications had been put on hold during 2012/13 are advised to re-establish contact with their NHS England Area Team if they are interested in pursuing the incorporation process. On receiving the request, NHS England should issue the relevant application forms to the dental practice, who then have 2 weeks to complete and return the forms. The NHS England Area Team will then review the information provided, before making a decision on whether to approve the application.

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