

## Guidance for negotiating fees for locum services

The GPC has produced guidance to support all parties involved in negotiating for GP locum services. Agreements are made between two parties and could involve locum GPs, GP practices, primary care organisations (PCOs) and any other alternative providers.

In the past the BMA published a range of 'suggested fees' for locums, but in 1999 the Office of Fair Trading (OFT) advised that publication of these fees was anti-competitive in the context of the Competition Act 1998. As a result the fees guidance was withdrawn and guidance issued to BMA staff that no advice could be given to members on suggested fees for sessional GPs.

The publication of a range of fees or even a minimum or maximum level of fees is considered anti-competitive by the OFT. Members of a cartel (an arrangement between two providers not to compete with each other, whether written or verbal, formal or informal) can be fined up to 10% of their UK turnover for up to three years if found to be arranging fees in any way.

The BMA professional fees committee resolved that a short-life, informal joint working group with the NASGP would be convened to review the information and good practice guidance available.

The guidance (available at <http://www.bma.org.uk/ap.nsf/Content/locum>) covers the following situations where fees have to be negotiated: part time medical services, work for central government departments and local authorities, family planning, insurance reports, emergency treatment, police work, coroners' work, medico-legal fees.

## New "Focus on" documents

There are two useful documents on the LMC website [www.derbyshirelmc.org.uk](http://www.derbyshirelmc.org.uk) (click "Focus on" tab) about QOF and QMAS.

## Global Sum Review

NHS Employers and the GPC have announced the start of a consultation on a review of the GMS Global Sum formula for England and Wales. The Formula Review Group (FRG) is seeking the views of key stakeholders on proposals to change the formula which are outlined in the Formula Review Group report.

GPC has compiled a list of FAQs which you can find at <http://www.bma.org.uk/ap.nsf/Content/GlobalsumconsultationFAQs>

If you want to take part in the consultation, give your views on-line at <http://www.nhsemployers.org/primary/primary-891.cfm>

## White Paper: Trust, Assurance and Safety

The Government White Paper on the regulation of health professionals was released on 21 February.

The BMA's initial response to the White paper warns that with a state-owned NHS, a monopoly employer and an appointed regulatory body also controlled by government, doctors could be compromised in their ability to use their clinical independence to get the best treatment for their individual patients.

All doctors will have to be regularly re-licensed, and consultants and GPs will also have to be re-certified under the proposals. The adjudication function has been removed from the GMC, and GMC Council members will be appointed instead of being elected. The GMC Council will comprise 50:50 lay and medical members, and there will be a switch to a lesser burden of proof in fitness to practise hearings against doctors. This means that there will no longer be professionally-led regulation.

The BMA and the GPC are currently in the process of analysing the details of the white paper, and related documents, to highlight the key areas that will affect GPs.

## **HMRC guidance on recording employers pension contributions on self-assessment tax returns**

The Her Majesty's Revenue and Customs (HMRC) would like all GPs and their accountants to be aware of the following when filling out their self-assessment tax returns.

The HMRC's view of the correct accounting and tax treatment of GP contributions is that returns should be submitted stating gross income, including employers pension contributions. The 14% employers contribution should also be stated separately so that it can be claimed against tax. Doing tax returns in this way will ensure uniformity across the country but will make no difference to GPs' tax burden if they were previously recording their income net of the employers contributions. In instances where another method has already been used for the 05-06 accounts, HMRC would ask that the self-assessment forms are resubmitted in the correct format.

Further advice can be found on the HMRC website:  
<http://www.hmrc.gov.uk/pensionschemes/esca9.htm#2>

## **Creswell and Langwith surgeries**

Chilvers-McCrea Healthcare has been chosen as preferred bidder to take over GP services at Creswell and Langwith by Derbyshire County PCT. The original decision to award the contract to US-based United Health Europe was made in early 2006. However, a judicial review ruled in August 2006 that the consultation process was flawed.

Chilvers-McCrea already runs three practices in Nottinghamshire and others in Yorkshire, Stoke on Trent, Birmingham, Essex and Sussex.

## **Infection Control**

Part of the Health Act 2006 refers to the control of healthcare associated infections. The Code of Practice (available on the Department of Health website <http://www.dh.gov.uk/> under Publications) sets out criteria to ensure that patients are cared for in a clean environment and where the risk of health care associated infections is kept as low as possible.

There is a statutory obligation on PCTs to ensure that contractors comply with this Code of Practice and any practices that do not comply could find themselves facing medico-legal difficulties.

## **Charges to NHS patients**

Private practice is still significantly restricted under the GMS contract. GMS regulation 24, subsection 2, prevents contractors from charging their patients for most services. There are, however, instances where charges may be made. In the current climate, there is an increasing tendency for private companies to provide services to NHS patients and the BMA as a consequence is receiving a growing number of queries in relation to the topic. The BMA has issued useful advice on this issue which will be available on the BMA website shortly.

Immunisation against infectious Hepatitis (Hepatitis A) is available free of charge on the NHS in connection with travel abroad. Hepatitis B immunisation is not routinely available free of charge and therefore GPs may charge patients for this when requested in connection with travel abroad. However, GPs may not charge a patient for a Hepatitis B injection if it is required for occupational reasons, e.g. for dental nurses or for students about to enter medical school.

GPs may not charge for acupuncture, or similar alternative therapies, or for seeing patients out of hours, even though the patients may have requested this and may be happy to pay for it.

## **Practice based commissioning**

New resources and guidance about practice based commissioning are available on the Improvement Foundation website. The site includes business cases and examples of service specifications as well as case studies of redesigned services that have benefited patients.

<http://www.improvementfoundation.org/View.aspx?page=/topics/health/practice/default.html>

## **How to contact us**

Derbyshire LMC office is at Norman House, Friar Gate, Derby DE1 1NU. Our telephone number is 01332 210008, fax 01332 341771, email [office@derbyshirelmc.org.uk](mailto:office@derbyshirelmc.org.uk). The two Practice/PCT Liaison Officers are Melanie Beatham and Kate Lawrence who will continue to liaise with the same North and Southern practices as before the PCT reorganisation. Their email addresses are: [melanie.beatham@derbyshirelmc.org.uk](mailto:melanie.beatham@derbyshirelmc.org.uk) and [kate.lawrence@derbyshirelmc.org.uk](mailto:kate.lawrence@derbyshirelmc.org.uk).