

General Practice Pay Transparency

The recent publication of General Practice Pay Transparency Guidance (GW4251) has prompted significant concern amongst Suffolk practices and, understandably, the LMC office has received enquires from a number of practices on the matter. This note is intended to coalesce the guidance and set out concerns/issues from a Suffolk perspective.

When viewing the guidance through the lens of substantive GP recruitment and retention, supportive commissioning or fair implementation of an agreed contract it is difficult to understand why NHSE have taken this step and, other than the public denigration of the profession and a tool to be used in the event of industrial action, what the underlying intent is.

Noting that a high proportion of Suffolk practices are, as it currently stands, unlikely to comply with GW4251 for a variety of good reasons, there are several issues that practices may wish to consider before completing their returns:

(i) Safety

The publication of a national list (with inevitable replication through local media outlets) of named GPs and incomes, at a time when assaults against practice staff are at an all time high and access to NHS services is challenging, is likely to raise the risk to surgery staff. This becomes particularly troublesome in small rural communities where the home address of GPs named on the list is likely to be known. Furthermore, there is no mechanism, other than non-compliance, by which these safety concerns can be reasonably addressed.

(ii) Unfair implementation of the 2019 contract agreement (relevant section below)

It would appear, at the time of writing, that the government has no intention of honouring the balancing mechanism (clause 7.8) in the face of rampant inflation nor publish the income of pharmacists, dentists or optometrists (7.9).

7.8 A new Balancing Mechanism will, if required, adjust between the practice level global sum and the network level Additional Roles Reimbursement Sum depending on levels of real terms partner NHS earnings. It will enable global sum adjustment equally in either direction. The mechanism is intended to provide confidence to the profession and taxpayers alike, by protecting against unexpectedly large increases in either inflation or partner drawings. The effect would also be to increase or decrease number of extra staff funded through the Network Contract DES. The balancing mechanism will be designed in 2019 by NHS England and GPC England to commence from 2020/21, taking account of the most recent available data, and it will be agreed with Government.

7.9 As a corollary of major investment, and to safeguard public trust in the GP partnership model, pay transparency will increase. GPs with total NHS earnings above £150,000 per annum will be listed by name and earnings in a national publication, starting with 2019/20 income. The Government will look to introduce the same pay transparency across other independent contractors in the NHS at the same time.



(iii) Provision of personal information

GPC advice (replicated below and reinforced by webinar) is highly relevant here:

It is unclear to us how NHSEI will police this. We are not aware of a way that NHSEI might verify the income of those who have declared or not declared, but we cannot be sure that this is not possible.

*We understand NHS Pensions and HMRC data on earnings are usually anonymised before sharing with NHSD/NHSEI, but we cannot be sure that they cannot access identifiable data. If a GP does not declare and is approached by the CCG or NHSEI, **we would expect evidence of why they believe the GP should declare and where they have got that information. If this has been sourced through illegitimate means, it will be open to legal challenge***

(iv) Does NHSE have a contract for your practice ?

Through frank incompetence NHSE lost the majority of contracts pertaining to practices in the East of England and then failed, despite extensive management agency support, to remedy this in a timely fashion and have had to hand the issue over to local systems (SNEE ICB). The net result is that, if questioned on any contractual matter, practices may first wish to request a copy of their contract from the enquiring body before entering into discussions.

(v) Penalised for 'doing the right thing'

The LMC is aware of several practices who have been unable to recruit - despite multiple adverts and proactive recruitment campaigns. The twofold 'reward' for such tenacity now appears to be a high ranking in the national dataset - published earnings for partners of such practices will be high (by virtue of practice profits being shared between a smaller pool of partners) - without right of reply coupled with a rising partnership workload.

(vi) Breach Notices

Failure to declare earnings in line with GW4251 may be subject to normal breach procedures outlined in paragraphs 70, 72 and 73 in schedule 3 in the GMS regulations.

In situations where there has been a breach of contract, but the breach is capable of remedy, a remedial notice may be issued. In doing this, the commissioner must provide details of the breach and the steps that will need to be taken to remedy it.

Unless the breach places patients at risk or is a financial risk to NHS England, a period of not less than 28 days from the date of the notice will be allowed to remedy the breach. This means that contractors must declare earnings in the way prescribed within the time limit to avoid being in breach. If the contractor fails to remedy the breach, the commissioner may send notice of termination of the contract.