NHS England

The Review Body on Doctors' & Dentists' Remuneration Review for 2014

General Medical Practitioners and General Dental Practitioners

Supplementary Evidence

THE NHS CONSTITUTION
the NHS belongs to us all

Contents

EXECUTIVE SUMMARY

0.1 Pay uplifts for doctors and dentists, who work for the NHS, are determined by the Government in light of recommendations made by the independent review body on doctors and dentists remuneration (DDRB). This body takes evidence from the four UK governments, trade unions and NHS Employers before making its recommendations.

0.2 The original pack of evidence from NHS England was published on 24 September, 2013 and is available on NHS England's website:

http://www.england.nhs.uk/publications/

0.3 This further evidence follows on from the above publication, and contains NHS England's evidence to DDRB on General Medical Practitioners and General Dental Practitioners in response to the supplementary questions raised by the Review Body's members.

CHAPTER 1: GENERAL MEDICAL PRACTITIONERS

Introduction

1.1 This chapter relates to information on general medical practitioners (GMPs) providing NHS primary care services in England.

Contractual negotiations

1.2 NHS Employers has been in discussion with the General Practitioners Committee (GPC) of the BMA over potential improvements to the GMS contract for 2014/15. The issues discussed are intended to support improvements in the quality of patient care. We hope to provide information shortly on the outcome of these negotiations.

Questions raised by DDRB

Automatic increments

DDRB question: *Please can you set out for each salaried remit group within NHS England's remit the extent to which increments could be described as 'automatic'. What would cause an increment to be withheld?*

1.3 **NHS England response:** the majority of GMPs and GDPs are partners and so do not have salaries as such but draw a portion of the overall net earnings (after meeting practice expenses) of the partnership. Other GMPs and GDPs are employed on a salaried basis or are paid sessional fees. Where GMPs or GDPs are employed on a salaried basis, their remuneration including any increments, and the criteria for these being paid or withheld, will be a matter for them and the independent contractors who employ them.

1.4 Some GMS GMPs (but not salaried GMPs) are entitled to seniority payments, which automatically increase in line with years of service.

1.5 In February 2013, the Health and Social Care Information Centre published *Final Seniority Figures for GMS GPs in England and Wales 2009-10*, available from its website at the following link:

https://catalogue.ic.nhs.uk/publications/primary-care/general-practice/final-seniority-figures-eng-wal-2009-10/final-seniority-factors-eng-wal-200910.pdf

1.6 Table C1 of that document indicates that 13,054 GMP contractors received seniority payments in 2009/10, with a breakdown of payments provided in the table.

1.7 Seniority payments are made in respect of the length of time a GMS contractor has worked for the NHS. The GMS Statement of Financial Entitlement (SFE) sets out the circumstances in which seniority payments are not to be paid. Such circumstances include where a GMP contractor ceases to be a contractor, or where they earn less than one third of the national average superannuable income in any given year.

1.8 In addition, the GMS SFE sets out that a GP provider needs to have been a contractor for a qualifying period of two years before service reckonable for seniority purposes

begins[1]. Then, after five years of reckonable service from qualifying (i.e. seven years after becoming a contractor), a contractor is eligible for £600 seniority pay, and can receive increments each year thereafter up to a maximum payment of £13,900 provided they remain a GMP contractor. The average payment is around £5,900.

Recruitment and retention of salaried GMPs

DDRB question: *Paragraph 1.14 notes that salaried GP recruitment and retention is a problem for some areas of England. Please can you provide more detail on this issue?*

1.9 **NHS England response:** Whilst we are aware of recruitment and retention problems in particular localised areas of England, we concur with the conclusions reached by the Department of Health in its evidence, on page six and subsequently, and with NHS Employers, on page four and paragraph 1.27. Whilst there might be some areas where recruitment is more challenging than others, there do not appear to be any compelling labour market issues for doctors that could be addressed by increasing pay in 2014/15.

PMS funding for locum superannuation pension contributions

DDRB question: *The BMA's evidence (at paragraph 30) says that PMS practices have not received the same funding as GMS practices following the decision to transfer the funding associated with employer's pension contributions for locums to practice budgets. How does this accord with the policy to provide equitable funding for PMS and GMS practices?*

1.10 **NHS England response:** At the time of the decision to transfer responsibility for employers' pension contributions for locums, it was not clear to what extent primary care trusts (PCTs) had previously made bespoke payments in relation to locum superannuation costs for PMS practices. NHS England has since undertaken an exercise across its Area Teams to collect details of what is included within PMS baseline expenditure for each practice. On the basis of this exercise, NHS England has concluded that funding should be transferred to PMS practices on the same basis as GMS practices. The exercise has shown that, in practice, a number of Area Teams have already transferred funding to PMS practices in this way.

Reimbursement of waste disposal costs

DDRB question: *The BMA's evidence (at paragraph 69) notes that NHS England has decided that waste disposal is no longer reimbursable. Your comments welcomed on this change in practice.*

1.11 **NHS England response:** NHS England has inherited a number of different ways of doing business from predecessor PCTs. We have therefore been working to standardise our approach in a wide range of areas.

1.12 Many PCTs did not reimburse practices for disposal of trade waste, but some did. NHS England has taken the decision not to reimburse for disposal of business waste

[1] See the SFE at paragraphs 19.2 and 19.11

on the grounds that this is normal expenditure ordinarily incurred by all businesses. Clinical and pharmaceutical waste costs will continue to be reimbursed.

CHAPTER 2 – GENERAL DENTAL PRACTITIONERS

Introduction

2.1 This chapter provides an update on general dental practitioners (GDPs) providing NHS primary care services and those salaried GDPs on terms and conditions set by NHS organisations in England.

Contractual negotiations

2.2 Negotiations will shortly commence with the British Dental Association for the changes to the 2014/15 contracts. We will update DDRB on the progress of these in due course.

Supplementary evidence

NHS dental activity

DDRB question: *Paragraph 2.28 says that the amount of NHS service received is a more important measure (than the number of dentists providing NHS services) and that it continues to rise: however, paragraph 2.10 says NHS dental activity has fallen slightly. Please clarify*

2.3 **NHS England response.** The number of patients seen has risen by 191,000 in the year to June 2013. Activity has been measured since 2007 in Units of Dental Activity (UDA). Practices participating in the dental contract pilots are paid based on capitation and quality rather than UDAs. There are currently 94 live dental pilot practices, 70 from the first wave - which started in 2010 - and 24 which started this year. This has resulted in a decrease in the overall number of UDAs, as practices taking part in the pilots do not record any UDAs. In addition, from 1 November 2012, the issue of a prescription no longer attracts a UDA - again resulting in a reduction in UDAs that is not directly related to activity.

Changes to foundation trainee salary

DDRB question: *Paragraph 2.34 notes a potential problem with the salary of a foundation trainee dentists. Please can you set out for us the current arrangements for the pay of a foundation trainee dentist: what solution to the potential problem are you seeking to help ensure that able dentists are encouraged to pursue specialist training?*

2.4 **NHS England response.** The current pay rate for a Foundation Trainee is £30,132, which is higher than the minimum and first point salary of a Foundation House Officer 2 (medical). We are reviewing the salary levels of Foundation Trainees to ensure that dentists wishing to pursue specialist training are not in a position where they are required to reduce their salary to do so. This would involve a reduction in the FT1 salary, but there is no indication that this would impact on recruitment to foundation training.

Motivation of both GDPs and salaried dentists

DDRB question: *Your comments, please, on the motivation survey evidence in the BDA's submission, for both GDPs and salaried dentists.*

2.5 **NHS England response.** Although pay is obviously a strong motivating factor for GDPs, it is one of several factors rated highly. In the survey, salaried dentists rated pay at 61.7 per cent - although, in common with GDPs, this was the lowest percentage of the motivating factors, with “providing care to patients” being the highest.

2.6 Area Teams report that the overall contract value, which has been increasing in recent years, and contract length appears to be the main motivators for contractors. Uplifts in contract prices are not necessarily passed on to practitioners and this could impact on the morale of practitioners. We have no evidence that dentists do not wish to tender for general dental service contracts and the number of dentists providing NHS services continues to increase.

Recruitment problems in salaried services

DDRB question: *Your comments, please, on the BDA's evidence (at paragraph 8.2) on recruitment problems into the salaried services.*

2.7 **NHS England response.** Area Teams have not alerted us to any difficulty in the ability of community services providers to recruit salaried dentists.