



Policy document for short term financial assistance programme – In-hours GP Indemnity

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Policy Aim

The GPFV outlined the challenge that GPs are facing on rising indemnity costs, and stated that GPs should not be negatively affected by the cost of clinical negligence cover above that of their secondary care counterpart doctors. This policy is designed to help NHS England meet that stated aim.

Policy commitment

NHS England agreed, as a result of the GP Indemnity Review, to provide support to general practice for two years, to assist GP practices with the rising inflationary costs of clinical negligence cover. This relates solely to inflationary rises before the discount rate change.

Scheme details:

In year 1 of the scheme, (2017/18) the amount that NHS England will provide financial assistance towards the overall cost of GP practice indemnity totals £30million, which is calculated to be 51.6p per unweighted patient

This sum will be paid directly to GP practices, based on their unweighted list size at 1 December 2016; as this payment is in respect of inflationary rises in the financial year 2016/17. The payment will be made to every practice before 31st March 2017; with payments going direct to GP practices rather than to individual GPs. This is because NHS England (or CCGs with delegated commissioning authority) has a legal relationship with the GP practices and is therefore able to make a payment to them. NHS England will utilise existing payment arrangements when making these payments. NHS England is duly authorised to do so through The General Medical Services Statement of Financial Entitlements (Payment in respect of indemnity fees) Direction 2017 which states:

2. (1) Before 1st April 2015 the Board (b) must pay, or ensure that payment is made, to each contractor (c) a sum in pounds calculated as follows –

$$0.516 \times N$$

where N is the number of patients (d) registered with the contractor's practice on 1st December 2016.

(2) The Board must –

(a) ensure that payments made under sub-paragraph (1) are made subject to the condition in sub-paragraph (3); and

(b) take steps to ensure that contractors comply with that condition.

(3) The condition is that if a GP performer (“P”) has paid for part of all of the cost of any professional indemnity cover personally, the contractor must, from the payment received from the Board under sub-paragraph (1), reimburse to P an amount which represents an appropriate proportion of the amount which P has paid personally for his or her professional indemnity cover, taking into account the proportion of that amount which relates to primary medical services (a) that P provides for the contractor.

It will be the responsibility of the GP contractors in receipt of this funding to determine how to appropriately share the payment between the staff that work at the practice. It is expected that Practices will ensure that the payment will be applied to the cost of indemnity premiums, whether that be directly paid for by them or the staff working in the practice.

In year 2 of the scheme, NHS England will again assess the inflationary rise in indemnity cost for 2017/18, and will determine the amount that can be assigned to assist with this cost. NHS England may utilise a variety of data and information sources such as practice data returns on GPES, through a further survey run with Department of Health and GPC, through discussions with the medical defence organisations and/ insurance companies, or with the data appropriately shared from partner agencies. NHS England will also assess the impact the scheme has had on all GPs as this payment is expected to be shared between staff where indemnity is paid for by individuals rather than be retained by the practice.

NHS England will also engage in discussions with appropriate stakeholders such as BMA, DH and RCGP in determining the amount that can be committed to year 2 of the financial assistance package.

Once this amount has been determined, it will again be paid according to unweighted population list sizes as determined on 1st December 2017; and will be paid around the turn of the financial year, between March and April 2018.

Frequently Asked Questions

Q1: What is this payment in respect of?

A1: NHS England agreed, as a result of the GP Indemnity Review, to provide a sum into general practice for two years, to assist GP practices with the rising inflationary costs of clinical negligence cover. This payment represents the first year of the two.

Q2: How have the payments been worked out?

A2: In discussions with the General Practitioners’ Committee of the BMA, we have agreed to make payments totalling £30m. This works out at 51.6 pence per registered patient recorded on the NHAIS GP “Exeter” payments system as at 1

December 2016, which was the most recent data available when these figures were calculated.

Q3: My Global Sum statement for December 2016 has a different number of patients on it than the number I have been paid for with this indemnity payment. Why is that?

A3: Global Sum payments are worked out quarterly. Therefore the global sum figure paid in December 2016 would be based on the patient list size for September, from the previous quarter. The agreement reached with the GPC was to use the patient list data as at 1 December 2016, which will be slightly different to the quarterly practice list size figure used to calculate Global Sum for the quarter which included the month of December 2016.

Q4: What are you doing to help with Out of Hours GP indemnity insurance premium inflation?

A4: NHS England is undertaking a system review with DH and CCGs to understand the commissioning cycle and process, and how indemnity is factored into contracting arrangements. We have been working with out of hours and integrated urgent care services to share good practice and solutions that have worked in different areas. We are also working with the medical defence organisations, insurers and corporate providers to understand the issues that are specific to unscheduled care. NHS England also has work streams as part of the FYFV aimed at continuing to make practice safer such as increasing data/records access in OOH care. Guidance on available products will be produced in due course. NHS England has run a winter indemnity scheme for the third year this year, and for the last two years it has covered both winter and Easter pressures particular to OOH and unscheduled care needs. The scheme this year will conclude on 30th April 2017.