

Income claims and pension processing

Specialist medical accountant Andrew Pow offers advice to practices experiencing problems with Primary Care Support England



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Many GP practices in England continue to experience financial issues due to problems in the processing of income claims and pensions by Primary Care Support England (PCSE). Here is a run-down of common issues to watch out for and some tips on how to resolve them.

Non-payment of claims Seniority

GPs are eligible for seniority payments if they were a partner or single handed GP before 1 April 2014. Payments should be made quarterly and should also carry on if a GP changes practice and continues in a similar role or if the practice changes, for example by merging with a local practice.

Practices should review quarterly payments to check they are at the right level. Often, practices continue to be paid seniority for periods after a partner has resigned or retired from the practices. These amounts will need to be paid back to PCSE so the practice needs to be mindful of cash flow.

Rent and rates reimbursements

The system for claiming back council tax payments has improved nationally and, in

‘If the practice accounts were completed for the year end 30 June 2016, these would be used for the 2016–17 superannuation calculations’

most cases, this seems to be working well. Practices are, however, also eligible for reimbursement of water rates and PCSE has faced issues in trying to move to a common claims system when individual areas operate through their own systems.

Practices can also be reimbursed for notional rent or cost rent for premises they own or for actual rent on leased premises. When rent has changed, the reimbursement needs updating to the new correct level.

All these reimbursements need monitoring to ensure that they are received in a timely manner to avoid cash flow issues.

Calculating Quality Reporting Service

Direct enhanced services, vaccinations and immunisations and Quality and Outcomes Framework income are all extracted from the CQRS system. Generally, the interface works well, but practices need to be on top of ensuring that the data in CQRS is accurate and also that they have taken the steps needed for the data to be extracted correctly each month.

Not all claims are uploaded automatically and so manual entering of data may be required. In particular, the biggest issue appears to be in relation to child immunisation claims as these are based on achieving targets. Failure to upload the data correctly can result in practices slipping below target levels and therefore missing out on payments. Practices should monitor all enhanced service claims. Often a simple spreadsheet detailing when the claim is made and when it is paid is sufficient to identify any missing information.

Training grants and reimbursements

In its January 2018 survey of PCSE problems, the British Medical Association highlighted

significant issues regarding training grants and reimbursements. Some GP training practices have not yet received their training grants and trainee pay reimbursements, and are having to fund the shortfall from elsewhere. Of the practices surveyed, 16% identified issues with training grant and CPD reimbursements. Practices need to match up trainee income to the dates trainees were with the practice.

Pension processing

Recurrent problems remain with PCSE's processing of pension deductions. Failure to get this right leads to significant cash flow problems for practices. The interface between practices and PCSE is not automated and relies on the submission of forms updating pension estimates and year-end reconciliations. PCSE recognises that there are significant issues and are investing in their systems to improve the flow of information so that systems work better. For now though, the most common issues are:

- Failure to update records of when GPs join and leave practices. In one instance a practice was still paying pension contributions over a year after a GP had retired, despite the PCSE being notified
- Failure to process end of year returns – with many instances where 2015/16 forms are unprocessed or inaccurately processed. This leads to incorrect end-of-year adjustments being taken and also pension records not being updated correctly
- Failure to process estimate of pensionable earnings forms leading to the incorrect deductions being taken. If PCSE does not have up to date information or has misplaced the information they will default to taking pension contributions at the top tier rate of 14.5% on the average NHS pensionable earnings (c. £95,000) leading to significant overpayments for part-time salaried GPs and partners.

Practices should monitor this and

in particular:

- Submit updated estimates every time there is a change in personnel or change in profit sharing arrangements
- Review end-of-year adjustments to check they tie in with the amount shown on the submitted forms as being due.

How to follow up payments and complaints

One of the biggest areas of criticism is that practices can no longer deal directly with



PCSE. Since December 2017, all queries and forms have had to be submitted via PCSE's enquiry form (<https://pcse.england.nhs.uk/contact-us>). If practices feel the need to complain, they should email pcse.complaints@nhs.net. The process is not quick and PCSE only state that they aim to respond within 40 days.

If practices experience no resolution, they should consider contacting their local medical committee, NHS England Area team or clinical commissioning group to try to escalate a response.

The future

The transition to PCSE from old local systems has been difficult. The organisation is investing in systems and plans to bring new claims systems into operation within the next 12 months, which should help to improve the service dramatically.

Not all is doom and gloom, and reports across the country speak of systems working well. Particularly the most at need, such as GPs having to claim pensions due to ill health, are generally dealt with quickly. **PM**