

Gloucestershire Local Medical Committee

Collaborative arrangements 2007 - summary

The main areas covered by the collaborative arrangements (involving certificates or reports) comprise:

- Those in relation to children in care or being considered for adoption and fostering, together with certificates and reports on prospective adoptive or foster parents;
- Psychiatric examinations for the sectioning of patients (under the Mental Health Acts);
- Blue Badge (disabled parking) permits;
- Priority housing reports requested by local authorities;
- Attendance at case conferences and other meetings arranged by Social Services;
- Certificates to enable chronically disabled or blind persons to obtain telephones;
- Sessional work commissioned by family planning clinics under local authorities or PCOs.

Note: This list covers the main areas under the collaborative arrangements, although in many areas the collaborative arrangements cover most of the work commissioned by local authorities in the fields of education, social services and public health.

Services under the collaborative arrangements are provided by primary care organisation (PCOs) without charge to the patient. The primary care organisations are obliged to pay doctors involved in undertaking these services, but the mechanisms and responsibility for the reimbursement of fees are agreed locally between the parties concerned.

FEES

In its evidence to the 2006 DDRB Report, the BMA highlighted its concerns that the level of fees payable to doctors under the collaborative arrangements were no longer economic and lacked consistency with rates paid for other work outside a doctor's Terms and Conditions of Service.

The fees were also discouraging medical participation in these areas. The Association therefore recommended that these fees should be linked to GP remuneration and that if this could not be recommended, doctors should be allowed to charge their own market rate.

In 1997 the DDRB had recommended that fees under the collaborative arrangements should be established by market rates and the Association supported a return to this recommendation.

BMA advice on fees

Following the DDRB's recommendation in the 2006 Report, the BMA's advice to individual doctors and GP practices is that they should establish their own fees for work under the collaborative arrangements. They should also notify their primary care organisation in writing that, as there is no longer a DDRB recommended fee, any request for collaborative work received after a set date will be charged at their own fee rate (the BMA recommends that a notice period of at least three months be set).

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Competition legislation and the Office of Fair Trading (OFT) prohibit the BMA, or Local Medical Committees (LMCs) from advising on fees. The penalties for breaching this law are severe and can be up to 10% of organisation/practice turnover (not profit). Whether the incorporation of a LMC as a fee negotiator, as a limited company, would avoid the Act has also been discussed. The short answer, however, is no. Whilst incorporation would have the effect of 'ring fencing' liability, it does not alter the legal risk.

Under nGMS

Under the new GMS contract fee based payments (net of expenses) are pensionable from April 2004 which means that fees paid under the collaborative arrangements directly to a GP provider or GP practice by an employing authority are now pensionable. General practitioners should pension these either as an individual through form SOLO or, if pooling the income into the practice, through the annual certificate of pensionable profit.

BMA position

The BMA therefore maintains the position outlined above that individual doctors and GP practices should establish their own fees for this work. If PCOs have unilaterally issued fee rates for work under the collaborative arrangements, a practice has no obligation to accept these rates and may seek remuneration at their own fee level.

Collaborative arrangements have become a significant area of NHS work not subject to formal contract and the BMA believes that remuneration levels must be equivalent to those paid to doctors working in the NHS.

Notwithstanding the above, caution should be exercised, prior to turning down collaborative arrangement work, since there may be ethical considerations as well as the need to maintain the doctor-patient relationship.