DDRB 2018/19 – INPUT ON GENERAL MEDICAL PRACTITIONERS

INTRODUCTION

GP-led care is a vital element of a fully integrated health and social care service in Northern Ireland. GPs are the first point of contact for the majority of health and social care related matters and play an important role in promoting health and well-being, educating people to make the right choices, supporting them to manage long-term conditions, and co-ordinating patient care across specialties and sectors.

GP-led services face a number of key challenges, particularly the rising demand for GP services (including out of hours services) and an increasing and ageing population - the number of people aged 65 and over increased by 2% between January 2016 and January 2017 with 15% of the population falling into this category. In addition, the prevalence of long-term conditions is also increasing and as the population ages, patients are living with an increasing number of co-morbidities. As well as the demography pressures facing practices, increased costs – particularly for indemnity – are also an issue.

STRATEGIC DIRECTION FOR HEALTH AND SOCIAL CARE IN NI - HEALTH AND WELLBEING 2026 - DELIVERING TOGETHER

In October 2016, the then Minister for Health launched '*Health and Wellbeing 2026 – Delivering Together'*. This is a 10 year approach to transforming health and social care published in response to the report produced by an Expert Panel led by Professor Rafael Bengoa, which was tasked with considering the best configuration of Health and Social Care Services in Northern Ireland.

https://www.health-ni.gov.uk/sites/default/files/publications/health/health-and-wellbeing-2026-delivering-together.pdf

Delivering Together recognised that primary care is the bedrock of the health and social care system but that it remains largely based on GPs working independently with limited input from other skilled professionals such as District Nurses and social workers. Moving forward, Delivering Together identified primary care as one of the four key building blocks

for healthcare in Northern Ireland. Accordingly, Delivering Together set out a vision for the delivery of primary care in the community with GPs and multi-disciplinary teams playing a key role in improving population health and wellbeing, as well as developing care pathways and services to meet population needs. The focus of this new model of primary care is on developing fully integrated multi-disciplinary care, not just medical or nursing care.

The new model of primary care is to be rolled out incrementally over the 5 years based around multi-disciplinary teams embedded around GP practices with a focus on keeping people well in the first place and the pro-active management of long term conditions. These teams would comprise a range of disciplines and associated skills mix including pharmacists, District Nurses, Health Visitors, AHPs and social workers and new roles as they develop such as Advanced Nurse Practitioners and Physician Associates.

Coming out of Delivering Together, a working group has been set up by the Department of Health to enhance primary care provision and develop the concept of multi-disciplinary team working. Work has commenced to engage with health and social care staff, GPs, practice staff, patients and service users to understand how primary care services are currently provided and explore a new model for the delivery of primary care services across Northern Ireland in line with the vision set out in Delivering Together. This will include assessing the existing use of, and demand for, primary care services, exploring how to increase early intervention, identifying the most effective skills mix for meeting existing demand (including the potential impact of new professional roles or using existing professions in a different way), and the use of technology to underpin such approaches.

A number of milestones to help deliver the multi-disciplinary team model were set out in ‘Health and Wellbeing 2026 – Delivering Together’, all of which are underway or complete:

- GP training places have been increased;
- the Practice Based Pharmacist scheme continues;
- named district nurses and health visitors are in place for every GP practice;
- Physician Assistant and Advanced Nurse Practitioner courses are or have started and include placements in primary care; and
- the AskMyGP telephone and web-based triage system for GP practices continues to be tested.

GENERAL CONTEXT - GP WORKFORCE AND WORKLOAD

GMP Profile in Northern Ireland

The number of General Medical Practitioners in NI has increased from 1,274 at October 2015 to 1,297 at October 2016. Since 2004, the number of GMPs in Northern Ireland has increased by 20.3%. GP numbers include Principal and Salaried GPs but exclude locum GPs.

The profile of the NI GP population is changing. We have the oldest GP workforce in the UK with a quarter of GPs aged over 55, increasing numbers of female GPs (at October 2016, 51% of the GP population was female) and increased demand for part-time working. The Department of Health (NI) is working closely with the Health and Social Care Board, GP representatives and other stakeholders to consider how best to respond to such challenges through for example appropriate action to support recruitment and retention.

The average number of patients per GMP in NI has fallen from 1,663 in 2004/05 to 1,512 at October 2016 – a decrease of 9.1%. This is mainly as a result of the increased number of GPs noted above.

The General Practice workforce is not growing as quickly as in other areas of the health service. Full-time equivalent hospital registrars have increased at an annual average rate of 9%, hospital consultants at 4%, SAS Grades at 7% and GPs at 1%. (SAS Grades include associate specialists, staff grade & specialty doctors. Dental staff have been removed. The large increase in medical registrars and more gradual increase in SAS grades is due to re-grading).

The number of patients per practice has grown steadily from 4,897 at October 2004 to 5,701 at October 2016 (5,582 at October 2015). This is an increase of 16.4% since 2004.

The number of practices has decreased from 366 in 2004/05 to 336 at September 2017. In Northern Ireland in 2016, 10.66% of GP practices were single-handed, 20.75% double-handed and 68.59% multi-handed (three or more GPs). There have been a number of practice amalgamations recently following the retirement of several single- handed practitioners. This move towards fewer larger practices is likely to continue, particularly in rural areas where there are more single-handed practices and the challenge of recruiting GPs is more acute. The GP-led Care Review recognised that the recent study by the NI Medical and Dental Training Agency (NIMDTA) of those registered to provide general medical services here points to scope for a more mixed service model in the future, with support and opportunities provided for both salaried GPs and independent contractors, and for sessional GPs and partners.

GP Workload

A survey of GP practices was undertaken during 2014/15 with results reported in January 2015[1]. The survey covered workload over an 11 year period from pre-GMS contract 2003/04 to 2013/14. A sampling frame of 125 practices yielded 45 returns[2]. Validation and quality assurance indicated that the results were robust.

The survey showed that the number of consultations per person per year in NI (including GPs, practice nurses and treatment room nurses) rose from 4.04 in 2003/04 to 6.6 in 2013/14, an overall increase of 63%. The estimated total number of consultations increased from 7.22million to 12.71million over the same period, an increase of 76%.

In addition to direct patient contact, other elements of the general practice workload also increased between 2003/04 and 2013/14—for example, the overall acute prescribing rate (based on acute scripts per person per year) rose by 28%; repeat prescribing rates rose by 42% (based on repeat scripts per person per year); and the number of lab tests carried out by GP practices is estimated to have increased from 2.06million to 7.02million. In summary, the overall rate of patient contacts (including direct patient consultations and indirect contacts such as ordering repeat prescriptions) increased by 66%.

[1] Estimating the Volume and Growth in Consultation Rates in General Practice in Northern Ireland 2003/4 to 2013/14; Analysis of Survey Returns from General Practices" (Project Support Analysis Branch, DHSSPS January 2015).
[2] The sampling frame comprised practices that used the Inpractice Vision clinical system.

Resources have not allowed for the GP survey to be carried out again (and a repeated survey would only have gathered a further 2 years data). Ideally the Department would wish to develop the extraction methodology to extend invitations to general practices for all clinical systems and to obtain information retrospectively back to 2004/5 as was the case in the 2014/15 survey.

A GP workload survey was undertaken however with Vision practices during the last quarter of 2016. The findings of the survey concentrated on looking at data from 2014/15 and 2015/16 and centred on estimating the number of consultations per patient for an average practice in Northern Ireland. The analysis in terms of estimating consultation rates was based on 36 practices (199,563 patients) in 2014/15 and 34 practices, (192,766) patients in 2015/16. Whilst a number of issues were identified with the data, this finding could be compared with the same outcome from the '*Estimating the Volume and Growth in Consultation Rates in General Practice in Northern Ireland 2003/4 to 2013/14'* report produced in January 2015.

The findings showed that the average crude consultation rate per person dropped slightly from 6.60 in 2013/14 to 6.27 in 2015/16 (a decrease of 5%)

Table - Consultations & Crude Consultation Rate from Survey Returns – 2014/2015 & 2015/2016

Year	No. of Practices	Total Consultations	GP Registered Population	Crude Rate per Person
2014/15	36	1,233,337	199,563	6.18
2015/16	34	1,208,949	192,766	6.27

The estimated volume of consultations in NI dropped from an estimated 12,708,818 in 2013/14 to an estimated 12,250,883 in 2015/16 a reduction of 457,953 consultations (minus 3.6%).

Consultation Rate from Survey Returns Applied to Total NI GP Registered List 2014/15 & 2015/16

Year	Crude Rate per Person	Estimated Volume of Consultations in NI

2014/15	6.18	11,986,161
2015/16	6.27	12,250,883

In respect of GP out-of-hours services, contacts with the OOHs service have remained broadly constant over the last few years, having previously increased by 18% between 2008/9 and 2012/13.

By way of comparison, the number of attendances at Emergency Departments increased by 11.4% between 2012/13 and 2016/17; GP referrals to outpatient services for first outpatient appointment increased by 7% between 2012/13 and 2015/16 (excluding trauma and orthopaedics and mental health specialties); whilst the number of inpatient and day case admissions to hospitals in NI increased by 0.6% in 2016/17 compared to 2015/16 and 1.5% compared to 2012/13.

The Department is aware of the challenges facing GPs. In June 2016, the NI General Practitioners Committee published its report "*General Practice in Crisis*" which outlined the results of a survey of local GP practices. The survey questions covered issues such as list size, GP vacancies and planned retirements and ease of access to locums and asked practices to assess how well they were managing current pressures overall. Of the 349 GP practices here, 229 responded—a response rate of 64%.

Of those practices that responded, almost three quarters considered that they were struggling but managing to cope with their workload, while almost ten per cent considered that they were barely coping or not coping. The report concluded that smaller practices were particularly at risk.

While there has been increased investment in GMS services over the last few years (16% in cash terms over the last 5 years), GPs in Northern Ireland are currently pursuing the collection of undated resignations and seeking a long term commitment to increase the proportion of the budget that is invested in their services.

GP-LED PRIMARY CARE SERVICES REVIEW

Against this context of increasing pressures on GP practices, a Departmental-led working group to review GP-led primary care services was established in October 2015. The group comprised key stakeholders including the Royal College of General Practitioners, the NI General Practitioners Committee and the Royal College of Nursing. Separate reviews of GP out-of-hours services and nursing services in district and primary care settings fed into the review.

The working group's report, published in March 2016, highlighted the pressures facing GP services both in hours and out of hours, with increasing demand for services and GPs treating more patients with multiple complex conditions. The report focused on a number of themes - building a stable GP workforce; building a sustainable out of hours service; driving innovation in general practice; improving general practice infrastructure; and delivering high quality, integrated and sustainable primary care services.

The report also set out a vision for the future of GP-led services that seeks to ensure as a key priority the continued development of sustainable and accessible primary care services centred on the needs of patients. GP-led services must be integrated with the wider health and social care system, with GPs working in partnership with other parts of that system. To support this, it is envisaged that technology will play a much greater part in the delivery of primary care services including for example, systems that facilitate on-line booking of appointments or ordering of prescriptions, videoconferencing facilities that allow GPs to carry out on-line triage or have face to face discussions with specialists about a patient's case, and cutting edge diagnostic technology located in GP practices.

The recommendations made in the review group report covered the following areas:

- increasing the number of GPs working in NI;
- ensuring GPs have access to appropriate training to develop the skills required for a career in general practice;
- developing the structures and teams to support GPs;
- providing an effective out of hours service;
- embedding research and innovation in general practice;
- ensuring GP premises are fit for purpose;
- reducing unnecessary demands on GP time;

- ensuring GPs and the wider primary care team have a key role in improving population health and wellbeing;
- improving patients' experience of GP services.

The report, which can be accessed at the link below, made nine recommendations with associated key actions to support their delivery.

https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/review-gp-led-primary-care-services.pdf

In December 2016, the then Minister of Health responded to the working group's recommendations, accepting that they signalled the direction of travel for GP-led services, highlighting that progress had been made against a number of the group's recommendations and indicating that a consultation would be brought forward on the role of GP Federations.

GP representatives have called for the full implementation of the working group's recommendations, together with an associated investment package, in order to address the pressures on GP-led services.

The outcome of the GP-led care review has defined the Department's approach to addressing the issues facing general practice. There has been significant progress against the recommendations in the report with many key actions either completed or in progress. For example, training to develop GP leadership skills has been developed with input from RCGP and has been attended by chairs and co-chairs of GP Federations; the roll out of the practice-based pharmacist initiative continues; work is ongoing in relation to the revision to the undergraduate medical curriculum to optimise learning opportunities within general practice; and consideration is being given to potential changes to the arrangements for managing patients who fail to attend a hospital appointment with the aim of reducing the administrative burden on GPs.

Delivering Together has reinforced the approach to developing primary care services set out in the GP-led care review, in particular the importance of developing multi-disciplinary teams embedded in GP practices with the right blend of skill mix to ensure services that are focussed on patient care.

SUPPORT FOR GENERAL PRACTICE

As part of the increasing levels of investment in General Practice, and in line with both the outcome of the GP-led care review and Delivering Together, a number of initiatives have been taken forward with the aims of supporting practices to reduce bureaucracy and relieving pressures on GPs. These have included developing the use of IT – at August 2017, 170 (50%) of GP Practices provide a facility to book an appointment online and 208 (61%) offer online repeat prescription via NIDirect (the official government website for Northern Ireland citizens which aims to make it easier to access information and services), helping to address bureaucracy in practices. AskmyGp has also been utilised in a number of practices and an evaluation of this service is underway.

Practice-based Pharmacists

In December 2015, a five year initiative was introduced that will see the additional investment of around £1.7m in 2016/17, rising to £14million per year in 2020/21, to put close to 300 pharmacists in GP practices by 2021. Clinical pharmacists will work as part of the general practice team to help people optimise their medicines management, support effective prescribing and allow more GP time to be freed up to spend on people with complex needs, alleviating some of the pressures that are faced in general practice. The principle of retaining pharmacists as part of the primary care team within a practice will improve the quality and safety of prescribing for better patient outcomes and support value for money in medicines prescribing. Practice Based Pharmacists (PBPs) are employed by GP Federations and the intention is to have a network of pharmacists across Northern Ireland.

The Practice Based Pharmacist scheme continues to roll-out and this year (2017/18) will see £3.91m of additional money invested in Practice Based Pharmacists, building on the £2.55m invested last year and bringing total investment in Practice Based Pharmacists to £7.76m.

Since May 2016, three waves of recruitment have taken place to recruit Practice Based Pharmacists. PBPs recruited through Wave 1 and Wave 2 took up post from September 2016 and January 2017, with the third wave of recruitment (which commenced in April 2017) still entering service. It is anticipated that 140.5 wte / 179 Practice Based

Pharmacists will be in post in this financial year. At December 2017, only 3 practices that are members of a GP Federation did not have access to a PBP – it is anticipated that PBPs for these practices should be in place by the end of January 2018.

GP Federations

There are 17 GP Federations in Northern Ireland established as not-for-profit community interest companies. Federations have a role to play in helping to address capacity and workload issues by providing additional resilience to GP practices and in managing demand for elective services in the primary care setting. Federations provide opportunity for the pooling of resources and skills to increase the range and quality of services offered by GPs and to support smaller and/ or rural practices.

The Department made available £190,000 in 2015/16 to GP Federations. In July 2016, £900,000 additional investment was announced to support the work of Federations whilst a number of Federation Support Units have been established.

Federations have undertaken a number of initiatives to support practices including for example, the development and delivering of a programme of Practice Based Learning and a range of local initiatives with Integrated Care Partnerships to develop new pathways for a number of elective care specialities.

GP Training, Recruitment and Retention

Commissioning of GP training is provided through the Northern Ireland Medical and Dental Training Agency (NIMDTA) and is currently informed by a workforce review of training in General Practice undertaken in 2014. That review noted that provision of General Medical Services is compromised by a significant shortfall in the necessary GP workforce.

In line with the review, an increase in the annual number of GP training places from 65 to 85 took effect from August 2016 – the biggest increase in more than 10 years. Following on from this, Delivering Together announced increases of 12 places in 2017/18 and a further 14 in 2018/19, which would result in an annual commissioned intake of 111 by 2018/19, one year

earlier than the recommendation in the extant GP training plan. This represents an increase of more than 70% in GP training places within a three year period.

The number of people on GP training schemes in each of the last five years is set out in the table below.

	Number on GP Training Programme
August 2012	231
August 2013	229
August 2014	240
August 2015	230
August 2016	255

There were 127 applicants for GP ST1 training places in 2017.

At December 2016, of the 295 GPs who completed training locally within the last five years, 282 (96%) were registered on the Primary Medical Performers List for Northern Ireland.

Research suggests that exposure to General Practice during undergraduate training renders trainees more likely to consider and apply to GP training later. Accordingly, the Department is leading a project to increase exposure to primary care in the under-graduate medical curriculum delivered by Queen's University Belfast.

GP Induction and Refresher Scheme

Arrangements are in place which aim to encourage and support GPs to return to or remain in general practice. The GP Induction and Refresher Scheme (I&R Scheme) provides an opportunity for GPs who have previously been on the General Medical Council's (GMC) GP Register and on a UK Performer's List, to safely return to general practice following a career break or time spent working abroad. It also supports the safe introduction of overseas GPs who have qualified in the European Union and other countries. It aims to provide support to GPs returning to or entering clinical practice in Northern Ireland by ensuring that GPs who have not worked in clinical general practice for 24 months or more, and those who have not previously

worked in general practice in the UK, can be appropriately inducted and have the necessary skills for the provision of General Medical Services.

At September 2017, 15 doctors had completed the Induction and Refresher Scheme with 7 currently on it.

GP Retainer Scheme

The GP Retainer Scheme is designed to assist in the retention of GPs in primary care in Northern Ireland. It provides stable work in a practice and includes some out-of-hours sessions with a mandatory funded CPD programme to assist with appraisal and revalidation. It is proposed to make available 20 places per year (subject to funding) each lasting a maximum of 2 years. There are currently 24 doctors on the Retainer Scheme with 5 waiting to commence it.

INVESTMENT IN GENERAL MEDICAL SERVICES IN NORTHERN IRELAND

The *Investment in General Practice Report 2012/13 to 2016/17* report was published by NHS Digital on 20 September 2017. The report provides detailed information on investment in general practice for England, Scotland, Wales and NI, including the reimbursement of drugs dispensed in general practices. The information is based on data obtained from country level Financial Information Management returns provided by each of the 4 countries. The data contains some financial flows which do not reach the GP practice but contribute towards primary medical care investment, such as information management and technology monies spent on GP practice systems and funding for out of hours services.

The NI figure shows that the total investment in general practice in 2016/17 (including the reimbursement of drugs dispensed in general practices) was £275.6million. This is an increase of 3.31% in cash terms compared to the 2015/16 figure of £266.8million.

The total spend in general practice ***excluding*** the reimbursement of drugs dispensed in general practice was £271.5million – an increase of 3.32% on the 2015/16 figure of £262.8million[3].

The Investment in General Practice report indicates that total investment in general practice here has increased by 16% in cash terms over the last 5 years, from £237m in 2012/13 to £275m in 2016/17.

An investment package of up to £7.02m was agreed for 2016/17 to reflect the demands placed on the service. This investment built on the £5.1m that was made available for general medical services in 2015/16 (£3.1m of which was for out of hours services).

The £7 million investment In 2016/17 included £2million to meet the DDRB commitment of a 1% net increase for GPs. This equated to a 1.45% uplift to the Global Sum equivalent. Other areas addressed by the investment included £2million to help meet additional demand, £1.7million to continue to rollout the practice-based pharmacists programme, £160,000 to develop online booking and repeat prescribing systems, and £1.16million to support GP Federations (including up to £800k to undertake additional elective work in primary care). Further investment of £900k to support GP Federations was announced in July 2016.

Up to £10m of financial transaction capital (FTC) funding was also been made available in both 2015/16 and 2016/17 to allow GPs to borrow to upgrade their premises.

GMS Contract 2017/18

Given the current political situation in Northern Ireland, the Department does not have a Minister and there is no agreed budget in place. In light of this situation, the Department wrote to the NI

[3]‘ Investment in General Practice 2012/13 to 2016/17 England, Wales, Northern Ireland and Scotland’(NHS Digital Sept 2017)

General Practitioners Committee on 30 March 2017 to advise that until such time as new arrangements have been agreed, the current 2016/17 GMS contract would continue in place. The letter assured the NIGPC that once there is clarification regarding a future budget, the Department would seek to ensure that progress is made as quickly as possible to conclude contract negotiations with them.

Minimum Practice Income Guarantee (MPIG)

DDRB will be aware that DoH (NI) is committed to a more equitable system of core funding for GP practices, based on numbers of registered patients and their relative needs. Initially building on the negotiations at national level, it was proposed that erosion of the Minimum Practice Income Guarantee would take place over a 7-year period commencing in 2014/15. There has already been a substantial reduction in the Northern Ireland MPIG from £13.13million in 2004/5 to £6.3 million in 2016/17. This is a slight increase from the MPIG figure for 2015/16 (£6.22m) as the uplift for 2016/17 was applied to the Global Sum Equivalent and not just Global Sum as a result of which the Correction Factor was uplifted by the same amount as the Global Sum figure.

In light of concerns raised on sustainability of some practices under erosion of MPIG, the Department agreed that further work should be undertaken with NIGPC on a detailed assessment of the issues and potential implications for individual practices. As part of the agreement secured for the 2013/14 GMS Contract, the Department and the HSCB agreed to undertake a review, with NIGPC, of the funding and workload associated with the GMS Contract. In addition to assessing the implications of eroding MPIG, the review also aimed to address the concerns that were raised by NIGPC on workload implications.

The GMS Review Group was established comprising representatives from the Department of Health, the Health and Social Care Board (HSCB) and NI General Practitioners Committee. The Group reported in March 2015. Additional funding of £3.5m and £1m was invested in the Quality and Outcomes Framework in 2013/14 and 2014/15 on the basis that the Department/HSCB review engaging with NIGPC was taken forward.

The work of the Review Group followed two strands: (i) funding and (ii) workload. The funding element of the work comprised 2 parts: (*a*) to identify and collate all relevant funding information, taking account of comparative data across the UK and (*b*) to model the impact of introducing an equitable funding model to decay the correction factor and remove MPIG over a 7-year period.

The workload element comprised undertaking a survey of general practices to explore activity trends within general practice since introduction of the GMS contract in April 2004. Central to this work was to estimate the volume and growth in general practice consultations since the contract start.

Although the GMS Review group does not formally meet, statisticians within the DOH continue to update this work every year (with the exception of the workload survey which, as noted above, it has not been possible to undertake due to lack of resources). The update is signed off by the review group (including NIGPC) by correspondence.

The comparative funding analysis is updated annually drawing on returns to the Technical Steering Committee and the annual Investment in General Practice Report produced by NHS Digital (formerly HSCIC) as a starting point but with adjustments applied in an aim for more accurate comparability across the UK countries. The impact of the introduction of equitable funding is analysed annually to inform negotiators.

For the 2018/19 negotiations, the work of the GMS Review Group will again be updated including (i) comparative funding analysis across the UK; (ii) the impact of the introduction of equitable funding; and (iii) an update of evidence (which mirrors England's 'Call to Action') demonstrating pressures on general practice.

An important element of work currently being undertaken is a review of the weighted capitation workload Global Sum formula. This review is being carried out in-house by DOH statisticians who are working closely with UK counterparts to learn from each country's review of its own formula. This work is progressing well and it is anticipated that a draft report on the review will be presented by December 2017.

The aim remains to ensure that finite resources within global sum are targeted as effectively as possible, taking into account patient needs, to ensure that funding is distributed equitably.

TRENDS IN THE EARNINGS AND EXPENSES OF GMPS

The GP Earnings and Expenses Report 2015/16, published by NHS Digital[4] on 13 September 2017, provides a range of information on both a UK and country specific basis.

It should be noted that Northern Ireland Contractor and Salaried GPs have been analysed separately for the first time in 2015/16. In previous years, Salaried GPs could not be identified separately and Northern Ireland Contractor GP figures may therefore have contained a small number of Salaried GPs. NHS Digital have advised that accordingly, direct comparison with previous years is not applicable.

Table A highlights the changes in both gross earnings and income before tax for the average GMP in NI during the period 2002/03 to 2015/16. In 2015/16, income before tax for the average GMP was £92,000. This is 1.2% lower than the (revised) 2014/15 figure of £93,100 (see footnote 1 at Table A below).

As noted above, Salaried GPs could not be identified in the NI data prior to 2015/16 so NI contractor figures in previous years may include a small number of salaried GPs.

Table A - Gross Earnings, Expenses and Income before Tax for the Average GMS Contractor GP in NI - 2002/03 to 2015/16 (cash terms)

[4] 'GP Earnings and Expenses 2015/16' (NHS Digital Sept 2017)

	Income Before Tax	Expenses	Gross Earnings
2002/03	£60,800	£68,127	£128,927
2003/04	£67,564	£72,679	£140,243
2004/05	£91,151	£81,940	£173,091
2005/06	£98,656	£86,549	£185,205
2006/07	£93,316	£88,577	£181,892
2007/08	£91,056	£89,974	£181,029
2008/09	£89,700	£94,000	£183,700
2009/10	£91,400	£97,800	£189,200
2010/11	£88,000	£97,700	£185,700
2011/12	£92,800	£99,900	£192,600
2012/13	£92,200	£99,000	£191,100
2013/14	£96,500	£103,300	£199,800
2014/15	£93,100[1]	£102,300	£195,400[1]
2015/16	£92,000	£103,500	£195,600

[1] 2014/15 Income before tax and gross earnings figures have been re-calculated since the publication of the 2014/15 GP Earnings and Expenses Report in September 2016 using updated adjustments for superannuation contributions

Table B shows the distribution of average income or profit, before tax, received by contractor GPMS GPs on a UK basis from 2004/05 to 2015/16.

Table B - Distribution of Average Income before Tax for GPMS Contractor GPs on a UK Basis from 2004/05 to 2015/16

Financial year	Less than £50k	£50k - £100k	£100k- £150k	£150k - £200k	£200k -£250k	More than £250k
2004/05	2,290	13,379	13,910	3,428	680	202
2005/06	2,001	12,342	14,535	3,876	815	307
2006/07	2,048	13,386	13,832	3,623	739	258
2007/08	2,320	13,600	13,230	3,560	650	260

2008/09	2,320	14,020	12,820	3,280	700	250
2009/10	2,270	13,420	13,180	3,280	690	210
2010/11	2,370	13,780	12,940	3,190	530	200
2011/12	2,390	14,170	12,690	3,030	520	160
2012/13	2,470	14,360	12,550	2,800	470	160
2013/14	2,660	14,710	11,810	2,540	410	150
2014/15	2,490[1]	14,420[1]	11,720[1]	2,770[1]	490[1]	180
2015/16	1,760	11,490	8,800	2,050	430	150

[1] 2014/15 Income before tax and gross earnings figures have been re-calculated since the publication of the 2014/15 GP Earnings and Expenses Report in September 2016 using updated adjustments for superannuation contributions

Table C Year-on Year Changes in Income Before Tax for Average GMS Contractor GP in NI 2002/3 to 2015/16

Year	Income before tax	Year on Year Cash Change	Cumulative Cash Change
2002/03	£60,800	----	----
2003/04	£67,564	11.1%	11.1%
2004/05	£91,151	34.9%	49.9%
2005/06	£98,656	8.2%	62.3%
2006/07	£93,316	- 5.4%	53.5%
2007/08	£91,056	- 2.4%	49.8%
2008/09	£89,700	- 1.5%	47.5%
2009/10	£91,400	1.9%	50.3%
2010/11	£88,000	-3.7%	44.7%
2011/12	£92,800	5.5%	52.6%
2012/13	£92,200	-0.06%	51.6%
2013/14	£96,500	4.7%	58.7%
2014/15	£93,100[1]	-3.5%	53.1%
2015/16	£92,000	-1.2%	51.3%

[1] 2014/15 Income before tax and gross earnings figures for Northern Ireland have been re-calculated since the publication of the 2014/15 GP Earnings and Expenses Report in September 2016 using updated adjustments for superannuation contributions

Table D sets out the ratio of gross earnings to practice expenses. The expenses to earnings ratio has increased by 0.5 percentage points from 2014/15 to 2015/16.

Table D - Trends in the Ratio of Gross Earnings to Expenses for GMS Contractor GPs 2002/3 to 2015/16 (NI)

Financial year	Gross Earnings	Expenses	Expenses as a % of Gross Earnings
2002/03	£128,927	£68,127	52.8%
2003/04	£140,243	£72,679	51.8%
2004/05	£173,091	£81,940	47.3%
2005/06	£185,205	£86,549	46.7%
2006/07	£181,892	£88,577	48.7%
2007/08	£181,029	£89,974	49.7%
2008/09	£183,700	£94,000	51.2%
2009/10	£189,200	£97,800	51.7%
2010/11	£185,700	£97,700	52.6%
2011/12	£192,600	£99,900	51.9%
2012/13	£191,100	£99,000	51.8%
2013/14	£199,800	£103,300	51.7%
2014/15	£195,400[1]	£102,300	52.4%
2015/16	£195,600	£103,500	52.9%

[1] 2014/15 Income before tax and gross earnings figures for Northern Ireland have been re-calculated since the publication of the 2014/15 GP Earnings and Expenses Report in September 2016 using updated adjustments for superannuation contributions

In Northern Ireland, the average income before tax for Salaried GPs in 2015/16 was £47,300 with total expenses £9,100 (gross earnings £56,400). Salaried GPs could not be identified in the NI data prior to 2015/16 therefore there is no comparator information available.

GMP Pension Arrangements

The HSC Pension Scheme forms an important part of the overall GMP reward package. The Scheme is very favourable compared to pension arrangements for comparable staff in the public and private sector and is particularly favourable towards GMPs compared to other health professional groups or compared to other self-employed persons. To take account of year-to–year fluctuations in GMP earnings, GMPs have a Career Average Pension arrangement in which their pensionable earnings are re-valued by an annual up-rating factor. This process is known as “dynamisation”. Since April 2008 the HSC Pension Scheme has re-valued GMP earnings for pension purposes by the Retail Prices Index plus 1.5%.

A new pension scheme came into operation from 1 April 2015 (for all new members and those who were 50 or under on the 1 April 2012). GPs earn pension on an annual basis at 1/54th of their pensionable earnings, the annual pension earned is then revalued each year by CPI plus 1.5%.

Additional Earning Potential

GMP contractors have scope to increase their pay from sources other than the uplift to the GMS contract payments recommended by the Review Body. These include:-

- Income from a wide variety of professional activities outside the Health Service;
- Investment in local enhanced services; and
- Income earned from other enhanced services / clinical priorities.