

**The draft Health and Personal  
Social Services (Superannuation),  
Health and Social Care (Pension  
Schemes) (Amendment)  
Regulations (Northern Ireland)  
2016**

**Consultation Document & Explanatory Notes**

February 2016

**Title:** The Health and Personal Social Services (Superannuation), Health and Social Care (Pension Schemes) (Amendment) Regulations (Northern Ireland) 2016

**Document Purpose:**

Consultation

**Publication date:**

February 2016

**Target audience:**

HSC employers / GP Practices and staff representatives

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# Contents

Contents .....	3
Introduction & How to Respond .....	4
Access To the HSC Pension Scheme - GP Federations .....	6

# Introduction & How to Respond

The Department of Health, Social Services and Public Safety (DHSSPS) has published for consultation a draft Statutory Rule titled: ***The Health and Personal Social Services (Superannuation), Health and Social Care (Pension Schemes) (Amendment) Regulations (Northern Ireland) 2016.***

This document explains the purpose and effect of the provisions set out in the draft Statutory Rule. It should be read in conjunction with the draft Statutory Rule which is attached separately.

**The main purpose of the draft Statutory Rule is to provide access to the HSC Pension Scheme for employees of GP Federations.**

Comments on the proposed changes can be submitted via email to: [hscpensioncontribs@dhsspsni.gov.uk](mailto:hscpensioncontribs@dhsspsni.gov.uk) , or by post to:

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The consultation will close on 26 April 2016

## Confidentiality of Information

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# Access to the HSC Pension Scheme – GP Federation Employees

## ***The role of GP Federations***

- 1.1 To alleviate some of the pressures within General Practice, the Northern Ireland General Practice Committee (NIGPC) has established GP Federations across Northern Ireland (NI).
- 1.2 A GP Federation is a group of GP Practices that has formed to create a 'not for profit' company for the purposes of delivering healthcare services. Each GP Practice is represented on the GP Federation by one 'Member director' appointed by each practice. Currently 11 have been incorporated with a view to a total of 17 being place right across NI.
- 1.3 It is expected that each Federation will cover approximately 100,000 patients and on average around 20 GP Practices. The four Local Medical Committees and NIGPC have agreed a single organizational model based on 'not for profit' Community Interest Companies (CICs).
- 1.4 A GP federation will utilise the increased clinical skills available across the GP Practices to work on a number of specific areas including reducing the variances in GP referrals. The primary objective of each individual Federation is to provide better care, delivered in a more responsive way and closer to home, for all our patients. This will focus on working across the local health and social care community, in collaboration with a wide number of agencies, in seeking to design and implement innovative healthcare strategies and ways of delivering high quality care.
- 1.5 GP Federations aim to generate income from their work principally by a mix of government funding and income from their direct provision of health care services. Any surpluses generated by the federation will be reinvested delivering the objectives of the organisation
- 1.6 NIGPC see federations as a local solution which can operate in parallel with GMS and LCGs and ICPs. They believe that it is the only way to deliver sustainable OOH provision and secure grass roots support for seven day working (8am to 8pm). The first eleven federations have been established, including East Belfast, Londonderry and Down.
- 1.7 The Department and the HSC Board are supportive of GP Federations and see them as a key element in managing the workload both within Primary Care but also assisting with the pressures in Secondary Care.

## ***Current Position***

- 1.8 The HSC Pension Scheme regulations do not currently provide access to the pension scheme for employees of GP Federations. In order to provide access GP Federations will need to be treated as an HSC employing authority for the purposes of the HSC Pension Scheme, similar to that of GP Practices and Out of Hours Providers.
- 1.9 The Department and the HSC Board are both keen for GP Federation employees to have access to the HSC Pension Scheme and believe not providing access would be a barrier to GP Federations in recruiting the professionals required, such as pharmacists and phlebotomists, to ensure the GP Federations function as expected.

- 1.10 These amendments are wholly beneficial as they will provide access to the HSC Pension Scheme for GP Federation employees.

### **Effect of amending regulations**

- 1.11 The proposed amendments will provide access to the HSC Pension Scheme for staff employed by GP Federations who assist in the provision of health and personal social services provided by that GP Federation.
- 1.12 Eligible staff who join the HSC Pension Scheme will become 'Officer' members of the scheme and treated for pension purposes in the same way as GP Practice and Out of Hours Provider (OOH) staff.
- 1.13 All of the Scheme's provisions will apply except for the entitlement to benefits on redundancy or early retirement in the interests of efficiency and benefits under the Injury Benefit Scheme.
- 1.14 GP Federations will be required to perform the administration duties required of an HSC employing authority, in particular the collection of employee contributions, the payment of employer contributions and maintaining employment and pension records of scheme members in line with scheme regulations and as required by the HSC Pension Service (the pension scheme administrator).
- 1.15 The regulations are likely to have retrospective effect so that eligible staff will have access to the scheme from the date they were first employed by a GP Federation.