

2008/09 CERTIFICATE - FREQUENTLY ASKED QUESTIONS

GENERAL

Q. What is the deadline for completing the 2008/09 Certificate?

A. The strict deadline for completing the 2008/09 Certificate and sending it to the host PCT/LHB is the 28th of February 2010; i.e. within one calendar month of the tax return deadline.

Q. Where should the Certificate be sent?

A. To the Provider's host/commissioning PCT or LHB.

Q. What is a host PCT/LHB?

A. The host PCT/LHB in respect of a GP Provider is usually the PCT/LHB on whose Performers List the GP Provider is registered with. However, if the GP Provider is contracted to provide GMS/PMS/APMS with another PCT/LHB that PCT/LHB is the host. Therefore a GP Provider may have more than one host PCT/LHB.

In respect of a non-GP Provider the host PCT/LHB is always the one they hold a GMS/PMS/APMS contract with.

Q. Why do I have to complete the Certificate on an annual basis?

A. A Provider's pensionable pay is based on their NHS income, less expenses. Therefore the only way to measure a Provider's pensionable pay is for them to complete an individual Certificate.

Q. I have retired from my Provider post; do I still have to complete the Certificate?

A. Yes, although you may no longer be an active Scheme member you must complete the Certificate in respect of the year(s) that you were a 'pensionable' Provider

You may also wish to complete the Certificate solely for the purposes of establishing the seniority allowance even if you were not an active Scheme member in 2008/09.

Q. What happens if I don't complete the Certificate?

A. It is a mandatory requirement of NHS Pension Scheme membership that Providers must complete the Certificate. Those Providers who do not are in breach of the statutory NHS Pension Scheme Regulations. GMS Providers are also in breach of the statutory SFE (Statement of Financial Entitlement). Not completing the Certificate may have a detrimental effect on your (and your dependents) NHS pension benefits and seniority allowance by virtue that you may receive a nil pay credit even though you have paid contributions on account.

Q. I am a fixed share Partner; do I still complete the Certificate?

A. Yes. The Scheme Regulations state that every Provider must complete the Certificate; there are no exceptions. Remember that any 'fixed salary' is in effect a share of the Practice profits. Whatever figure is agreed must take into account that the Practice will have to pay the employer contributions which are an expense.

Fixed share Partners should not be deemed just to be allocated either pensionable or non-pensionable income. They should calculate their percentage share of the overall Practice profit based upon their fixed share and, for the purposes of the Certificate, use this percentage to allocate themselves NHS income, non-NHS income, and expenses from the Practice.

Q. I am a non-GP Provider; do I still complete the Certificate?

A. Yes. Every non-GP Provider must complete the Certificate annually. As non-GP Providers are classed by the Scheme as 'whole time Officers' (regardless of the hours they work) they can only be 'pensionable' in one post and therefore may only be required to complete one Certificate. By virtue that non-GP Providers are classed as WT they must decide, after seeking expert advice, which of their NHS posts should be pensionable.

- Q. I am a GP Provider (i.e. Partner/shareholder) in two or more GMS/PMS separate Practices; do I need to complete two Certificates?**
- A. Yes, even if the Practices are located within the same PCT/LHB boundary.
- Q. I am a GP Provider in several APMS, GMS, PMS Practices, do I need to complete two Certificates?**
- A. Yes, even if the organisations are located within the same PCT/LHB boundary. Each contract will have it's own 'ring fenced' budget, expenses ratio, and set of individuals acting as Providers. Also the contract may also be with various PCTs/LHBs.
- Q. I am a GP Provider; do I have to complete more than one Certificate if I had more than one host PCT or LHB in the same year?**
- A. If you relocated during the year then you must complete a Certificate in respect of each Practice. However, if your host PCT/LHB changed due to a PCT/LHB re-organisation (but you did not change Practices) only one Certificate is required. If you moved from England or Wales to Scotland or Northern Ireland you will need to complete one Certificate in respect of England/Wales and another in respect of Scotland/Northern Ireland.
- Q. I am a salaried GP (i.e. a Performer) directly employed (i.e. schedule E) by a Practice, PCT, LHB, or SPMS/APMS Provider; do I have to complete the Certificate?**
- A. No, your NHS pensionable pay is based on your basic salary however you must also 'pension' any NHS fringe (i.e. OOHs and PEC) by completing form SOLO. You will be required to complete a Certificate at the end of pensions year 2009/10.
- Q. What does 'pensioned separately' on the main Certificate mean?**
- A. This will be income that has already been pensioned elsewhere in the NHS, i.e. contributions will have already been deducted. For example if a GP works for a hospital and is paid a salary, the GP will have already paid pension contributions on this income at source. GP SOLO income is not regarded as 'pensioned separately' income for the purposes of this Certificate and must be declared in the relevant boxes in the Certificate.
- Q. Why is there the calculation of profits x 100/114?**
- A. It is important that in the calculation of NHS pensionable pay the employer's pension contributions, that are included in the GMS global sum or the PMS baseline contract price, are excluded. Otherwise, the Provider would illegally be getting pension benefits based on NHS Pension Scheme employer contributions.
- Q. What do I do if I am subject to 'pensions overlap'?**
- A. You should seek assistance from an accountant; please refer to separate 'overlap' guidance.
- Q. What is a NHS Pension Scheme Employing Authority (EA)?**
- A. A Scheme Employing Authority, for the purposes of 'pensioning' GPs NHS income (as a Provider) is a NHS Trust, NHS Foundation Trust, Primary Care Trust, Local Health Board, OOHP, and their own Practice.
- Q. I understand that the profits to be declared are based on the accounting year, and my Practice makes accounts up to 30 June each year. I have two objections to this, firstly, the profits will be lower than that for the following year ending 31 March, and it seems so much more complicated. Why can't I just prorate the profits by taking three months of the year ended 30 June 2008 and nine months of the next year to give me twelve months covering the 31 March?**
- A. The reasoning behind using the accounting year profits (adjusted for tax purposes) is to facilitate some objectivity and ratification by comparing the figures from the GPs tax return to the Certificate of pensionable profits. Yes, while profits are rising the profits declared for a year to 30 June will be less than 31 March, but if profits fall, the converse will be true. Over a long period, the effect on a GPs pension is unlikely to be significant.

- Q. Why are seniority payments declared in the Certificate and what if seniority payments are pooled?**
- A. The SFE stipulates that the seniority allowance must be declared on the Certificate however it is accepted that the figure stated may be provisional; the guidance note (box 38a) provide more information.
- Q. Should seniority payments be grossed up for the employer's pension contributions?**
- A. No. The purpose of including the figure is just to enable the PCT/LHB to establish whether the appropriate level of seniority has been paid, after taking into account the earnings criteria.
- Q. What legal requirement is placed upon a PCT/LHB in respect of validating the Certificate?**
- A. The NHSPS Regulations place no specific legal requirement to validate all the figures declared on the Certificate. Therefore the declaration that PCTs/LHBs are required to sign is worded in such a way that accepts that some of the income declared on the Certificate will have come from other sources.
- Q. Where should the Certificate be sent after it has been validated by the PCT/LHB?**
- A. The PCT/LHB should keep the Certificate. The GP (or their accountant) must retain a copy.
- Q. Should an SD86 still be sent to the GP every year?**
- A. There is no legal requirement to send out an SD86, it is up to the PCT/LHB.

TIERED EMPLOYEE CONTRIBUTIONS/EMPLOYER CONTRIBUTIONS

- Q. How are a GP (or non-GP) Provider's tiered contributions assessed in 2008/09?**
- A. They are basically based on their 2006/07 total Provider pay, examples as follows.

2006/07 *Total Provider Pensionable Pay 2008/09 Tiered Rate

Up to £19,165.00	5%
£19,166.00 to £63,416.00	6.5%
£63,417.00 to £99,999.00	7.5%
£100,000.00 plus	8.5%

(* GMS + PMS + PEC + OOHs)

The flowcharts in Annex B of Technical Newsletter (TN) 5/2008 provide more detailed guidance, please refer to <http://www.nhsbsa.nhs.uk/Pensions/2499.aspx>.

- Q. The tiered employee contribution rate in 2008/09 is based upon the level of 2006/07 pensionable pay, but I only started part way through that year and my pensionable pay in 2008/09 is much higher. Do I still pay employee contributions in 2008/09 at the lower rate designated by the lower pensionable pay of 2006/07?**
- A. Yes, this rule was agreed between the BMA and the Dept. of Health and is unique to year 2008/09.
- Q. I only started as a Provider in 2007/08; what rate should I use?**
- A. You should follow the flowcharts in Annex B of Technical Newsletter (TN) 5/2008, (<http://www.nhsbsa.nhs.uk/Pensions/2499.aspx>). It is likely you should use your pensionable pay for 2007/08 as a 'yardstick'

Q. I only started as a Provider on or after 01/08/2008; what rate should I use?

A. You should refer to Technical Newsletter (TN) 24/2008, <http://www.nhsbsa.nhs.uk/Pensions/2499.aspx> and take note of the revised thresholds.

Q. I thought, in pension terms, Bed Fund posts were considered as Practitioner post? Why are these not included in the aggregate of earnings for 2006/07 for determining the allocation to a tier for 2008/09?

A. Whilst strictly Bed Fund posts are classed as type I Practitioner earnings, it is not practical to include such posts when calculating the 2008/09 tiered rate. There is a conflict between the requirement to ensure that the superannuation on the Bed Fund post is correct (in other words, to include it in the Certificate so adjustments can be sorted there), or to remove it from the Certificate as income pensioned separately to prevent it being pensioned twice. As it is recognised that there are winners and losers by fixing the tier by allocation to an earlier year's income, it has been decided that it would be more practical to prevent the latter of these conflicts than pursue the former. Bed Fund income from 2006/07 should therefore not be considered when setting the 2008/09 rate and should continue to be deducted from the Certificate at Box 26 as income pensioned separately.

Q. Who is responsible for the payment of any arrears of NHS Pension Scheme contributions?

A. In GMS the Practice, not the individual GP (or non-GP) Provider, is responsible for paying arrears of contributions immediately. If the Practice is not pro-active the host PCT/LHB is within its rights to recover any arrears from future payments it makes to the Practice. If the Provider has left or retired it is still the Practice who is still responsible for paying arrears. GP (and non-GP) Providers should seek expert advice from an accountant with experience in GP finances in respect of paying arrears and the 'knock on' effect on tax relief/NI. In PMS much depends on the PMS agreements.

Q. What happens if contributions have been overpaid because a Provider's NHS pensionable pay was over estimated?

A. The host PCT/LHB must repay the overpaid contributions to the Practice without delay.

PENSIONABLE INCOME

Q. What is classed as NHS pensionable pay in 2008/09?

A. Please see Annex A below.

Q. I am a GP; do I have to 'pension' all of my NHS GP work?

A. Yes, you must 'pension' all of your NHS GP (Practitioner) income; you cannot opt out of 'pensioning' certain parts of Practitioner income.

You can opt out of pensioning salaried Officer posts such as hospital based clinical assistant or community posts however you cannot opt out of pensioning bed fund posts.

Q. I am a GP Provider, can I pension income as a GP Provider through my own Practice earned from working for another Practice that I may (or may not) be involved in as a Partner or shareholder?

A. No. This is strictly forbidden under the NHS Pension Scheme Regulations.

Q. I am a GP Provider, can I 'pension' work as a GP Locum in my own Practice(s)?

A. No. This is strictly forbidden under the NHS Pension Scheme Regulations.

Q. I am a PMS Provider and the PCT/LHB are still paying the employer's 14% directly, therefore by multiplying my profits by 100/114 I am excessively reducing my pensionable profit figure, what should I do?

A. It is unusual for the contract price to exclude the employer contributions however if it does (and the PCT/LHB has paid the 14%) you must find out from them the amount to ensure your pensionable profits are not adversely reduced. It is best to seek expert professional advice from an accountant.

Q. Is Practice Based Commissioning (PBC) income pensionable?

A. If the PBC income is paid directly to a GMS/PMS Practice by a PCT/LHB then, yes, it is pensionable net of expenses. However if PBC income is paid to a GP or GMS/PMS Practice by a PBC consortium/collaborative it is NOT pensionable.

If a GP or GMS/PMS Practice receives PBC income from a PCT/LHB and then passes it onto another GP that 'another GP' cannot pension their PBC income.

Q. Is medical school income pensionable?

A. No. Although some medical schools are granted special Scheme 'Direction' Status, any fees paid to a GP (or Practice) by a medical school are not 'pensionable'. Only salaried employees of an open 'Directions body' may join the Scheme.

Q. Is prison work pensionable?

A. Yes, however only if the fees are being paid directly to the GP/Practice by the PCT/LHB.

Q. How should PEC income be recorded?

A. All GPs (except GP Locums) must 'pension' their PEC income. GP Partners/Shareholders and single-handers can elect to either SOLO or pool their PEC income. If they elect to SOLO their PEC income the relevant PEC employer (i.e. PCT/LHB) will deduct contributions at source and forward these to the host PCT/LHB. If the PEC employer has also deducted tax and national insurance at source the GP should ensure that they are not liable to pay these again. If the GP has elected to pool their PEC income (i.e. paid directly into the Practice account to be shared) they must ensure that the fee takes account of employer contributions as ultimately the GP/Practice will be responsible for forwarding these to the host PCT/LHB.

PCTs/LHBs must not set up a unique pensionable employment in respect of fee based PEC work; this is in accordance with previous guidance, the NHS Pension Scheme Regulations, and Health Service Circular 2000/005 issued by the Dept of Health in March 2000.

Q. Is QOF income still pensionable if I pass on some of it to my staff?

A. No. If a Provider decides to pass on some of their QOF income to their Practice Staff as a reward it is not pensionable income for the Practice Staff as it is not guaranteed regular income.

Q. What is deemed pensionable sick pay?

A. GPs who suffer a genuine loss of pensionable income as a result of illness may qualify for deemed sick pensionable pay to be credited to their pension records; they should contact their PCT/LHB or the NHS Pensions for advice. Evidence may be asked to demonstrate a genuine loss in pensionable income.

OUT OF HOURS PROVIDERS

Q. Not all OOHPs are Scheme Employing Authorities, how will I know which are?

A. Please refer to Annex B that lists OOHPs with EA status.

ADDED YEARS/ADDITIONAL PENSION

Q. I am a buying 'Added Years'; do I have to pay additional contributions on all of my NHS GP income?

A. Yes, if you are buying added years you must also pay additional contributions in respect of all your pensionable NHS income. If you were subject to the earnings cap your Added Years contributions may be capped; please refer to TN17/2008, (<http://www.nhsbsa.nhs.uk/Pensions/2499.aspx>).

Q. Where can I find more information about the new Additional Pension?

A. On NHS Pensions website; <http://www.nhsbsa.nhs.uk/Pensions/calculators.aspx>.

THE PENSIONABLE EARNINGS CAP

Q. I joined the Scheme after 1 April 1989 and understand that my GMS/PMS/APMS pensionable pay is no longer capped. Won't that mean that I'll have a large underpayment of contributions for 2008/09?

A. Not necessarily. You should have agreed with the PCT to adjust the amount of contributions being deducted from your contract payments throughout the year to allow for a higher liability for contributions. If this was not done, there may be a significant shortfall of contributions payable.

Q. I was previously subject to the earnings cap; how does this affect me in 2008/09?

A. Your NHS pensionable income in 2008/09 is no longer capped however if you took out an Added Years contract prior to 01/04/2008 your Added Years contributions are limited to £117,600.00.

SOLO INCOME

Q. What about the SOLO income as declared on the Certificate when the Practice year-end is not 31 March?

A. A PCT/LHB should record the estimated pensionable profit and the contributions collected in the month they were collected and the contributions must be paid over to the NHS Pensions Division by the 19th of the following month. SOLO income should be recorded in the month the payment relates. It is therefore very important that SOLO information including the relevant contributions is supplied quickly and regularly to the PCT/LHB that is responsible for the pension records.

Payments made monthly in arrears should be accounted for as creditors in the Practice accounts. Sticking to this administration principle and process, means that GPs, accountants and the PCT/LHB are aware of where earnings are being recorded on the NHAIS Exeter Computer System. This will also allow the use of annual SOLO returns covering the period 1st April to 31st March. For a Practice with an accounts year-end of 31 March, a reconciliation of the Certificate with the monthly estimates, SOLO forms and balance can be made.

Some GPs may have SOLO income that is not accounted for to 31 March. The figures at boxes 32 and 35 of the Certificate may not therefore match the total of the SOLO income for the year ended 31 March shown on the PCTs/LHBs Exeter system. This is fine. It is NOT the PCTs/LHBs role to consider the SOLO income figures in boxes 32 and 35 of the Certificate in these circumstances. The PCT/LHB should, however, ensure that the figures entered on the

Certificate in boxes 52 to 55 for SOLO contributions paid and recorded in the year ended 31 March DO match those on the Exeter system.

Where, however, the SOLO income is accounted for to 31 March, the entries at boxes 32 and 35 of the Certificate should match the SOLO income entries on the Exeter system, just as the entries in boxes 52 to 55 should match should match the Exeter system. Where they do not, the PCT/LHB are entitled to query this with the GP/accountant.

Q. If VAT is included on the SOLO form is it pensionable?

A. No, there are no provisions to 'pension' VAT under the NHS Pension Scheme Regulations

LIMITED COMPANIES

Q. My GMS/PMS/APMS Practice converted from being a partnership to a limited company on the 1st of October 2008, how does this affect the Certificate?

A. Each GP (and non-GP) Provider must complete 2 Certificates, the main Certificate covering the period 01/04/2008 to 30/09/2008 and the Ltd Co Certificate covering the period 01/10/2008 to 31/03/2009.

Q. I have set up a limited company, separate to my Practice, for the purposes of my 'ad hoc' NHS work such as OOHs. Is this OOHs income NHS pensionable income?

A. No. Although this unique limited company is providing a NHS type service to the Out of Hours Provider it is not recognised, under the NHSPS Regulations, as an Employing Authority or as an individual Scheme member.

GP LOCUM WORK

Q. I am a GP Provider; can I work as a GP Locum in other Practices?

A. Yes, under certain circumstances. Please refer to TN 8/2009, (<http://www.nhsbsa.nhs.uk/Pensions/2496.aspx>). This work must be recorded on GP Locum forms A and B and there is a strict 10 window for declaring this work.

Q. I am a GP Provider; can I 'pension' my GP Locum income as a GP Provider through my Practice accounts?

A. No. A GP Locum pensionable post is afforded different pension rights to a GP Provider post and must be kept separate.

ANNEX A

GP Providers Pensionable Pay

GP Providers pensionable income is listed below and is subject to the payments being net of expenses. The fees must be in respect of NHS primary medical services and must be paid directly to the GP (or Practice) by a PCT, LHB, Trust, or OOHs Provider that qualifies as a Scheme EA.

- **A GMS contract.** This includes payments in respect of additional services, essential services, the global sum, quality and outcome framework, dispensing, 'PCO administered funds', premises, and IT.
- **A PMS agreement.** This includes the 'contract price' and payments similar to GMS.
- **A SPMS agreement.** Technical Newsletter 6/2007 refers.
- **An APMS agreement.** Subject to the APMS contractor being an Employing Authority; Technical Newsletter 6/2007 refers.
- **NHS appraisal work** (GP Locums cannot 'pension' this work).
- **Certification services** (i.e. medical certificates as listed in the GMS Contracts Regulations).
- **Collaborative services** in accordance with section 26(4) of the 1977 Health Act. This includes fees paid directly by a PCT/LHB in respect of adoption and fostering work, the blue (disabled) badge scheme, social services reports, 'section 12' work, 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, and sessional work commissioned by family planning clinics.
- **Commissioned services.** This includes fees paid directly by a PCT/LHB to GPs with special interests (GPsWSI), and also in respect of family planning, food poisoning notifications, lecture fees, marital difficulty sessions, and PCT sessions.
- **Educating medical students or GPs in a Practice.** The fees must come directly from the PCT/LHB and not a medical school or university.
- **Enhanced services** (direct, local, or national).
- **General Dental Services.**
- **General Ophthalmic Services.**
- **NHS board and advisory work.** This is non-clinical work and includes Primary Care Trust Executive Committee (PEC) work.
- **NHS dispensing services** (i.e. the provision of drugs, medicines, and appliances).
- **NHS GP Locum work.** GP Locum work must always be recorded on GP Locum forms A, B, C, or D which can be downloaded from the NHS Pensions website. It must never be recorded on form SOLO or paid (as pooled pensionable income) into the Practice accounts.
- **NHS Out Of Hours** work for a PCT, LHB, Trust, or an OOHP that is an Employing Authority.
- **Practice Based Commissioning (PBC).** Only if paid **direct** to a GP or GMS/PMS Practice by a PCT/LHB; please refer to the 'FAQs' above .
- **Prisoners' healthcare.** Fees in respect of a prisoner's healthcare are pensionable subject to the PCT/LHB paying the fees directly to the GP/Practice. If the fees are paid directly by the prison they are not pensionable because the prison is not an Employing Authority
- **Seniority payments.**
- **Honorary Posts.** Fees paid to a GP by a hospital under a 'honorary contract' may be pensionable; contact NHS Pensions for guidance.

GP Providers Income That Is Not Pensionable

Fees paid to a GP (or Practice) by a LMC, a medical school, a NHS Pension Scheme 'Direction Body' (i.e. a hospice), the police, the DWP, a Local Authority, the Ministry of Defence, or by the NHS Pensions Division (in respect of NHS ill health pension or Injury Benefit Scheme medical reports) are not pensionable.

Fees paid to a GP in respect of the national 'Drug Intervention Programme' and private fees (i.e. travel vaccination fees not funded by the NHS) are not pensionable.

Funds that a Practice may inherit from another business, by virtue of acquiring that business, and that are drawn down later as a salary or dividends are not pensionable in the NHS Pension Scheme

Non GP Providers Pensionable Pay

A non GP Provider (i.e. Partner, Single-Hander, or shareholder who is not a GP) is classed as whole time Officer for NHS Pension Scheme purposes. Their NHS pensionable pay is their share of the GMS/PMS/SPMS/APMS Practice NHS profits less expenses. This will include pensionable income in respect of 'ad hoc' GP work that any GP Partners have elected to 'pool'.

Non GP Providers must 'pension' all of their NHS Practice profits provided that they are not subject to the pensionable earnings cap.

ANNEX B

Out Of Hours Providers that are NHS Pension Scheme Employing Authorities (EAs) as at October 2009.

Badger Healthcare Ltd

EA status: 01/09/2009

Banes Emergency Medical Services

EA status: 01/10/2005

BARDOC (1997) Ltd

EA status: 01/12/2004

Ceased to be an Employing Authority on 31/03/2009

BARNDOC Ltd

EA status: 01/01/2006

BEDOC (Bedford On Call)

EA status: 01/08/2004

Birmingham & District GP Emergency Room Ltd

EA status: 01/04/2005

Burnley & Pendle Primary Care Centre Ltd

EA status: 01/10/2004

Burton On Trent Doctors On Call (BURDOC)

EA status: 15/11/2004

Ceased to be an Employing Authority on 31/03/2008

BRIGHTDOC

EA status: 01/01/2005

Ceased on 31/03/2006 when SE Health Ltd took over

Bristol South Doctors On Call Ltd

EA status: 01/07/2005

CAMIDOC Ltd

EA status: 01/04/2005

Cambridgeshire Doctors On Call Ltd

EA status: 01/10/2004

Central Notts Clinical Services Ltd

EA status: 06/12/2004

Chorley Medics Ltd

EA status: 01/10/2004

CUEDOC Ltd

EA status: 01/04/2004

Derby Medical Services 1995 Ltd

EA status: 01/10/2004

Transferred their business to Derbyshire Health United Ltd on 01/04/2007

Derbyshire Health United Ltd

EA status: 20/10/2006

Derbyshire Healthcare

EA status: 01/04/2005

Transferred their business to Derbyshire Health United Ltd on 01/04/2007

Devon Doctors Ltd

EA status: 01/10/2004

East Berkshire Primary Care OOHs Services

EA status: 01/10/2004

East Lancs Medical Services Ltd

EA status: 01/10/2009

FRENDOC Ltd

EA status: 31/10/2004

Frimley Primary Care Service

EA status: 01/10/2004

Frimley merged with Hantsdoc to become North Hants Urgent Care on 01/10/2006

Fylde Coast Medical Services (NW) Ltd

EA status: 01/04/2005

Gateshead Doctors On Call

EA status: 01/04/2007

GOTODOC Ltd

EA status: 01/12/2004

Halton Health Ltd

EA status: 01/04/2009

HANTSDOC Ltd

EA status: 01/04/2004

Frimley merged with Hantsdoc to become North Hants Urgent Care on 01/10/2006

Herts Urgent Care Ltd

EA status: 01/09/2008

Took over OOHs from Stardoc & Herts OOHs Ltd

Hertfordshire OOHs Services Ltd

EA status: 01/10/2004

Ceased to be an EA on 31/08/08. Herts Urgent Care took over in this area wef 01/09/08.

Invicta Health Community Interest Company

EA status: 01/05/2009

KEYDOC Ltd

EA status: 01/01/2005

Local Care Direct

EA status: 01/10/2004

London Central West Unscheduled Care Collaborative

EA status: 01/07/2005

M-DOC LTD

EA status: 01/07/2004

Mastercall OOHs Services

EA status: 01/04/2005

NEMS Community Benefits Service Ltd

EA status: 01/10/2004

NORMED Services Ltd

EA status: 01/08/2004

North Bristol Doctors Ltd

EA status: 01/11/2004

North Hants Urgent Care

EA status: Oct 2006

Frimley Primary Care Services merged with Hantsdoc to become North Hants Urgent Care Oct 2006

North Staffs Urgent Care Ltd

EA status: 01/04/2004

Northern Doctors Urgent Care Ltd

EA status: 01/09/2004

On Call Care Ltd

EA status: 01/01/2005

Ceased to be EA on 31/07/2008 when SE Health took over

Out of Hours West Lancashire Ltd

EA status: 01/04/2004

Partnership Of East London Co-Operatives (PELC) Ltd

EA status: 01/12/2004

Principal Medical Ltd

EA status: 01/04/2007

SAGPEC Ltd

EA status: 01/04/2005

SEADOC Ltd

EA status: 01/04/2005

Ceased to be EA 31/03/2006 when SE Health Ltd took over

Shropshire Doctors' Co-operative Ltd

EA status: 01/10/2004

SOLIDOC (Care On Call)

EA status: 01/10/2004

Ceased to be EA on 31/03/2007

SOUTH DOC Services Ltd

EA status: 01/10/2004

South East Health Ltd

EA Status: 01/04/2006

Formerly Brightdoc & SEADOC

Southport & Formby Out of Hours Centre Ltd

EA status: 01/04/2004

St Helens Rota

EA status: 01/04/2006

STARDOC (St Albans & Region Doctors On Call)

EA status: 01/04/2004

Ceased to be EA 31/08/2008. Herts Urgent Care took over in this area wef 01/09/2008

STOURCARE Ltd

EA status: 01/04/2005

Ceased to be EA on 31/03/2008 when SE Health Ltd took over

Suffolk Doctors On Call Ltd

EA status: 01/10/2004

Swansea OOHs Services Ltd

EA status: 01/10/2004

THAMESDOC

EA status: 01/04/2005

Urgent Care Ltd (Social Enterprise)

EA status: 01/05/2009

Urgent Care 24 Ltd

EA status: 01/11/2004

WALDOC Community Benefit Society

EA status: 01/12/2004

Wolverhampton Doctors On Call

EA status: 01/04/2006

WSDOC Ltd

EA status: 01/09/2004

Ceased to be EA 31/03/2008 when Harmoni (who are not an EA) took over