

NHS Pensions

Clinical Commissioning Group (CCG) NHS Pension Scheme guide.



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It represents the relevant NHS Pension Scheme Regulations and should not be treated as a complete and authoritative statement of the law.

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Whilst every attempt is made to ensure the accuracy of the guide, it would be helpful if employers could bring to our attention any perceived errors or omissions using the stakeholder engagement email address at: nhsbsa.stakeholderengagement@nhs.net.

Contact details

You can contact us by calling:

Member helpline: 0300 330 1346

Employer helpline: 0300 330 1353

Opening times: 08:00 to 18:00 – Monday to Friday

Postal address:

NHS Pensions

PO Box 2269

Bolton

BL6 9JS

All [contact information](#) can also be located on our website.

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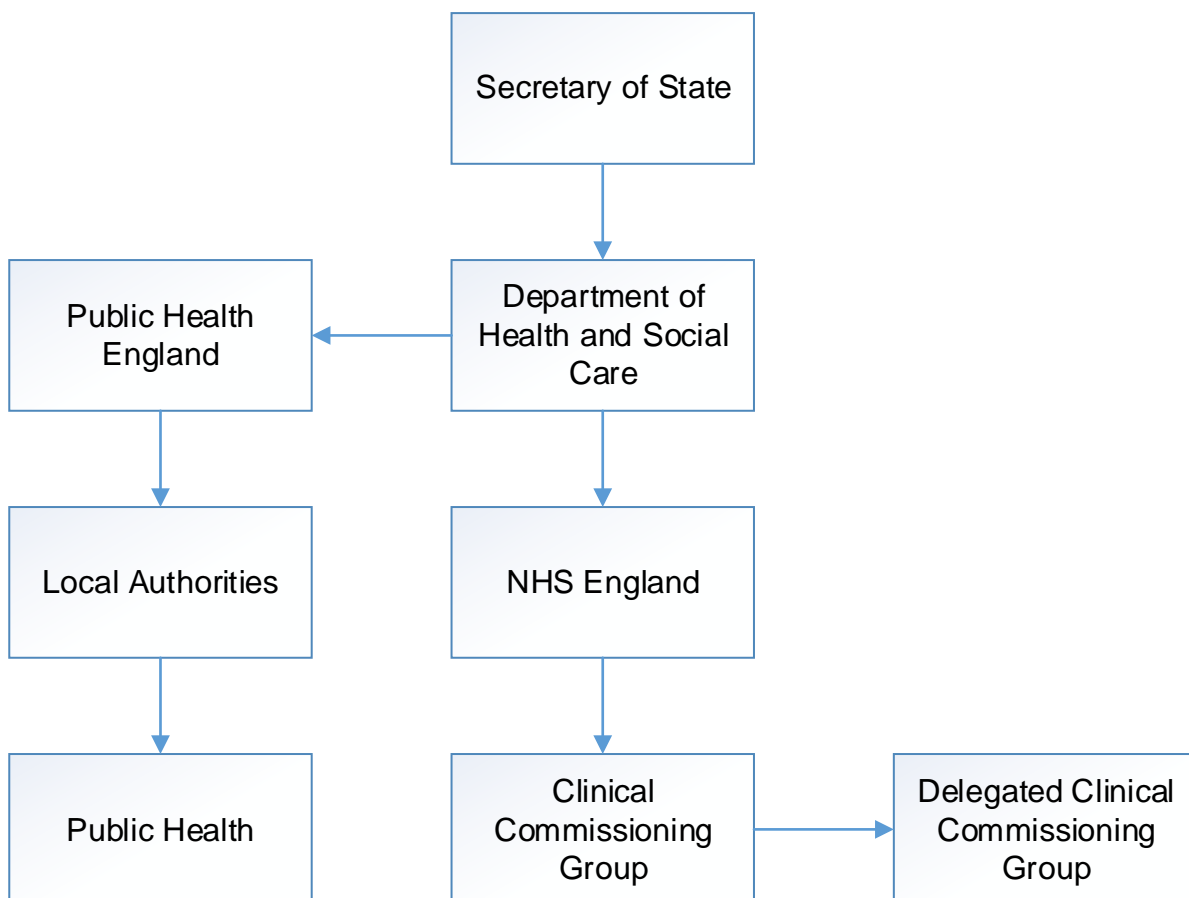
Introduction

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012 and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are 207 CCGs in England.

CCGs are:

- membership bodies, with local GP practices as the members
- led by an elected governing body made up of GPs, other clinicians including a nurse and a secondary care consultant, and lay members
- responsible for approximately two thirds of the total NHS England budget
- responsible for commissioning local healthcare including mental health services, urgent and emergency care, elective hospital services, and community care.

Structure of primary healthcare within England



CCG Employing Authority (EA) codes start with a 10, 11, 12 or 13.

GPs working for CCGs

Self-employed GP board members and clinical leads

If a surgery based GP provider, surgery based salaried GP, or a GP who solely performs Out of Hours services, is working for a CCG as a board member, clinical lead, or other role, under a contract for services (self-employed) arrangement their CCG income is pensionable.

The CCG and GP must jointly complete the GP SOLO form which is located on the practitioner webpage of our website.

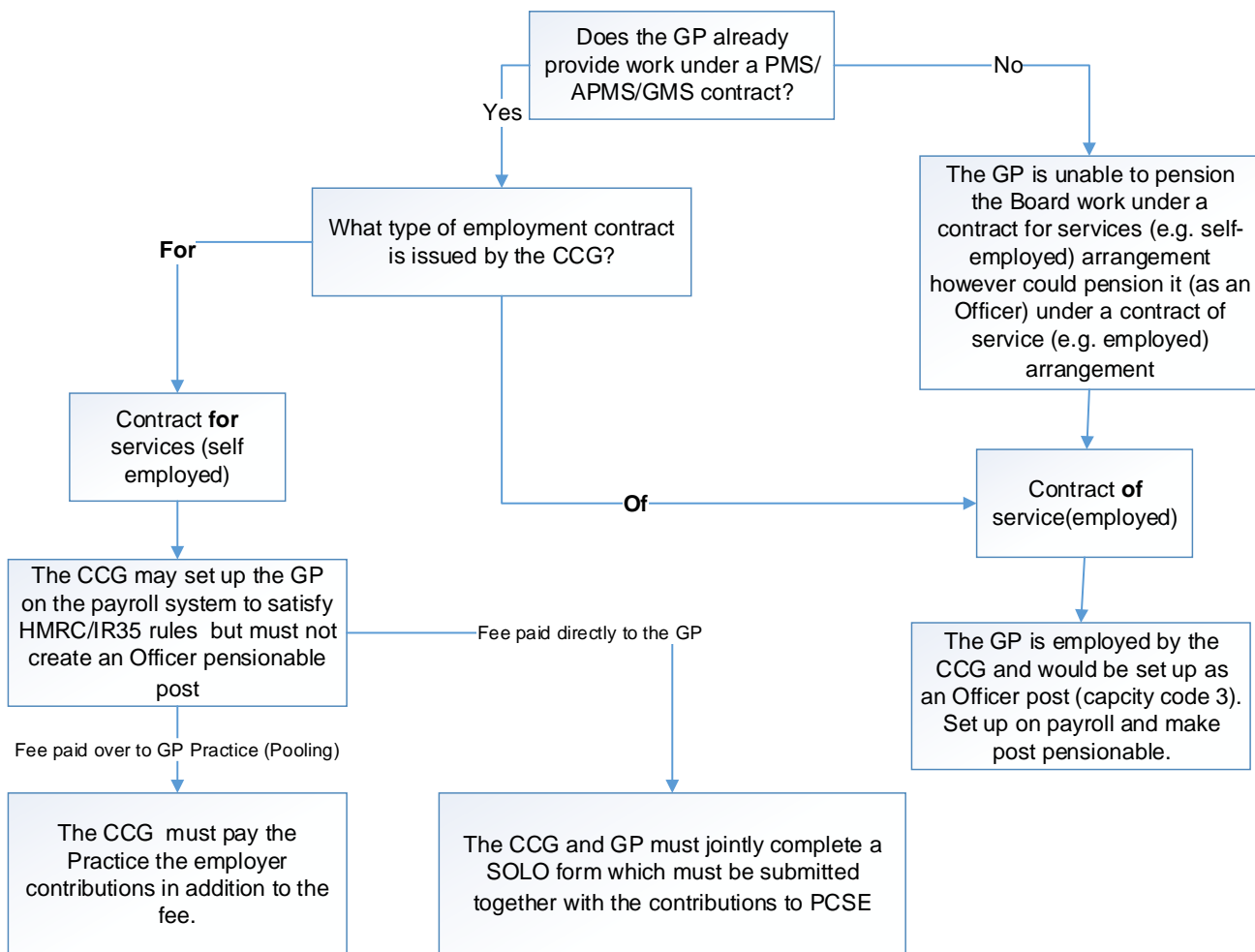
Although the GP may have to be set up on the payroll and have National Insurance contributions and income tax deducted at source to satisfy HMRC's IR35 rules the CCG **must not** create a pensionable post. Contributions must be paid over to NHS England (NHSE)/ Primary Care Support England (PCSE) via the SOLO form. They should not be paid to NHS Pensions. The tiered employee contribution rate is based on the GP's aggregate pensionable income, not solely their CCG income.

Occasionally a GP provider working under contract for services arrangement may elect for their CCG income to be paid directly to their practice. This is sometimes referred to as 'pooling'. The CCG must include NHS Pension Scheme employer contributions within the fee and the SOLO form is not required. The GP provider must declare this income in their annual Certificate of Pensionable Income.

Employed GP board members and clinical leads

If a GP works for a CCG under a contract **of** service (for example a contract of employment) they are an Officer in NHS Pension Scheme terms. The CCG must create an Officer record via Pensions Online (POL) and send contributions directly to NHS Pensions, just the same as with any other employee. The tiered employee contribution rate is based on the whole time equivalent (WTE) CCG salary.

How to treat employed and self-employed GPs within a CCG



Non-GP staff employed by a CCG

CCGs must ensure that all eligible (non-GP) employed staff are afforded access to the NHS Pensions Scheme. If they are ineligible (for example they are already in receipt of 1995 NHS Pension Scheme benefits) the CCG must offer alternative pension arrangements under Department of Work and Pensions (DWP) auto-enrolment legislation. The codes for POL are outlined below.

Table 1: POL Codes

Capacity code	Job description	Employment type	NHS Pension Scheme status
4	Administration/Clerical (Non-Manual)	1	Officer
1	Nurse, Midwife, Physio, Health Visitor	7	Special Class - Officer
1	Nurse, Midwife, Physio, Health Visitor	8	Non Special Class - Officer
3	Employed doctor	3	Officer

The capacity code for employed doctors does not apply to doctors engaged under a contact for services (self-employed) arrangement (for example GPs).

If the codes you are using are not listed above, please contact us and we will advise.

There are unique rules for the following staff who have protected Special Class status.

- nurses
- physiotherapists
- midwives
- health visitors

Nurse auxiliaries and occupational health nurses are Special Class grades.

Nursery nurses, social workers and physiotherapy helpers are not Special Class grades.

Health care assistants are not usually considered for the status.

The duties of the post the member is undertaking must be considered. For example, a person who holds a nursing qualification, but works as a secretary, could not be considered for Special Class status.

If you are unsure whether a post qualifies for Special Class status contact us for advice. The final decision on whether a member is eligible for Special Class status lies with NHS Pensions.

If a CCG employs an individual whose role requires a nursing qualification/experience the member should be considered for retention of Special Class status. If there is any doubt

that a member may be able to retain Special Class status then you must refer the case to us and any applications for retention must include:

- the current job description
- person specification
- organisational chart
- a copy of the previous job description, and
- a completed SMR form, this is located on the Employer hub section of our website

If a member with Special Class status changes their duties, has a new role or moves to new employment then retention of their Special Class status **must** be reconsidered. Should the revised duties, new role or new employment not qualify for Special Class status, the member must be informed of the decision immediately. The employer is also responsible for informing us of the change to the capacity code from '01' to '04' and the effective date of the change.