

NHS Pensions - Estimate of GP and non-GP provider NHS pensionable profits/pay: 2024/25

Every general medical services/personal medical services (GMS/PMS) contractor (GP surgery) and alternative provider of medical services (APMS) contractor (that is an NHS Pension Scheme employing authority) is required to complete and submit this form by **31 March 2024**. GP surgeries and APMS contactors in England must submit the completed form to the relevant Primary Care Support England (PCSE) team (on behalf of NHS England) and in Wales to the Local Health Board (LHB).

Senior provider's name:	
Name of PCSE Team (England) or LHB (Wales):	
Name of surgery and NHS Pension Scheme employing authority code (for example A123):	

In the three tables in this document you should list the GPs (excluding freelance locums) and non-GP providers.

PCSE or the LHB must always be notified if a GP (excluding a freelance GP locum) or non-GP provider joins the surgery after this form has been submitted. The surgery must submit a revised form.

Failure to submit this form by 31 March 2024 may result in a delay in collection of contributions. To ensure that contributions are collected promptly and at the correct rate, GP surgeries and APMS contactors in England should, wherever possible, use PCSE Online.

Where a GMS/PMS/APMS contractor uses the services of an accountant they should provide a copy of this form to the accountant.

Table 1: List of GP partners/shareholders and GP sole traders who are NHS Pension Scheme members in 2024/25

	Effective from date	Surname	Initials	Local GP code (not the NHS Pension Scheme EA code)	Please enter the NI or NHS Pension Scheme membership number	A Estimated NHS pensionable income for surgery named above	B Estimated solo income (OOHs, ICB, GPwSI, appraisals, etc), freelance GP locum income (as recorded on forms A & B), Bed Fund income, and income pensioned at other surgeries	Estimated employee contributions tier from 1 April . (5.2%, 6.5%, 8.3%, 9.8%, 10.7%, 12.5%). The tiered rate is based on the total of columns A + B
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Table 2: List of salaried GPs and long-term fee-based GPs (excluding freelance GP locums) who are NHS Pension Scheme members in 2024/25

	Effective from date	Surname	Initials	Local GP Code (not the NHS Pension Scheme EA code)	Please enter the NI or NHS Pension Scheme membership number	A Estimated NHS pensionable income for surgery named above	B Estimated solo income (OOHs, ICB, GPwSI, appraisals, etc), freelance GP locum income (as recorded on forms A & B), Bed Fund income, and income pensioned at other surgeries	Estimated employee contributions tier from 1 April (5.2%, 6.5%, 8.3%, 9.8%, 10.7%, 12.5%). The tiered rate is based on the total of columns A + B
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Table 3: List of non-GP providers who are NHS Pension Scheme members in 2024/25

Non-GP providers can only pension income from one surgery/contract and cannot pension external income, for example out of hours (OOHs).

	Effective from date	Surname	Initials	Local GP code (not the NHSPS EA code)	Please enter the NI or NHSPS membership number	A Estimated NHS pensionable income for surgery named above	Estimated employee contributions tier from 1 April (5.2%, 6.5%, 8.3%, 9.8%, 10.7%, 12.5%). The tiered rate is based on column A
1							
2							
3							
4							
5							

The next stage is to calculate the surgery total estimated pensionable pay in 2024/25.

Total estimated pay in column A from all three tables: £

Total estimated pay in column B from tables 1 and 2: £

Total of A and B £

Print name of the senior provider:	
Signature:	
Date:	

Notes:

HMRC has published guidance on the basis period reform that will take effect for the 2024 to 2025 tax year with a transition year in the 2023 to 2024 tax year. This will affect GP practices which draw up annual accounts to a date other than 31 March or 5 April.

The Finance Bill 2021-22 includes legislation to implement the basis period reform. This legislation removes the references to basis periods and provide for the profits of a tax year to be the profits arising in that year, in the same way as property and other income.

The rules which currently require apportionment of profits to basis periods will instead require apportionment of profits to tax years.

Legislation in the Finance Bill 2021-22 also introduces special rules for the transition year in 2023 to 2024. The basis period for the year will be the 12 months from the end of the basis period from 2022 to 2023, plus a transition component running from the end of this 12

months to 5 April 2024. Any overlap profits brought forward and/or generated will be relieved in full in 2023 to 2024 and not carried forward into the tax year basis.

For businesses with higher profits in 2023 to 2024 due to the change in basis, the government is legislating to automatically spread the transitional period additional profits over a period of five years. The government is also legislating to allow a business to elect out of spreading and accelerate the charge, to treat additional amounts as arising in the tax year.

For example: A practice with an accounting year end of 30 June would normally be taxed in 2023/24 on the profits from the accounts for the year ended 30 June 2023. Pensionable pay on the Annual Certificate would follow the same period.

In 2023/24, however, they will be taxed on the profits right up to 5 April 2024. That means bringing in another 9 months of profit, less any overlap relief available. Profits for the 12 months to 30 June 2023 may be £120,000 plus another £90,000 for the 9 months to 5 April 2024 less overlap of what might only be £30,000. Taxable profit would be £180,000 instead of £120,000. Tax on the additional £60,000 can be spread over 5 years.

As the pensionable pay on the Annual Certificate follows the tax return, the additional £60,000 profit in the example above will also be spread over 5 years for pension purposes. The additional profit of £60,000 in this example would be divided by 5 and £12,000 added to the profits for years ending 2023/24 – 2027/28.

Therefore, if your practice has an accounting year end that is not 31 March or 5 April, in your estimated pensionable income for the practice for GP Partners/Shareholders in table 1 and non-GP providers in table 3, you will need to account for any additional profits resulting from the transitional year of 2023/24 that are to be spread over the five year period as mentioned above.

Once Annual Certificates have been completed for 2024/25, where a GP provider, non-GP provider, or salaried GP has underpaid 2024/25 contributions, the arrears are paid by the surgery, not by the individual, even if they have left the surgery. The surgery must ensure it has suitable arrangements in place to cover their liability.

Where a GP provider, non-GP provider, or salaried GP has overpaid 2024/25 contributions, the surgery, not the individual, is reimbursed. The surgery must ensure it has suitable arrangements in place to reimburse the individual their employee contributions. This rule also applies if they have left the surgery.

Rules

Every individual GMS/PMS contractor (GP surgery) and APMS contractor (that is an NHS Pension Scheme employing authority) is required to complete this form and submit it to PCSE or the LHB no later than 31 March 2024. This is so that monthly NHS Pension Scheme contributions, based on estimated income, are paid over on time. Larger surgeries may need to use a continuation sheet. Organisations that hold several contracts must complete a separate estimate form in respect of **each** GMS, PMS and APMS contract held.

PCSE or the LHB must always be notified if a GP (excluding a freelance GP locum) or non-GP provider joins the surgery after this form has been submitted, by submitting a revised form.

If a GP is involved in more than one surgery or performs ad hoc GP NHS work as an individual (for example out of hours (OOHs), integrated care board (ICB) work) , all their total GP income in England and Wales must be included on the form for the purpose of estimating income and paying monthly employee contributions at the correct tiered rate.

If this form is not received by PCSE/LHB by 31 March 2024 there may be a delay in collection of contributions. To ensure that contributions are collected promptly and at the correct rate, GP surgeries and APMS contactors in England, should wherever possible, use PCSE Online.

GPs must pension all their Type 1 (GP provider) and Type 2 (salaried GP) medical practitioner NHS income in England and Wales. GPs may choose whether to pension freelance GP locum work. GPs who trade as a limited company in respect of ad hoc (solo) work or as a freelance GP locum cannot pension NHS income from that work.

The GP Pension Guide, located in the practitioner web page of our website, provides detailed information regarding GP pensionable (and non-pensionable) income.

Salaried / Pay as you earn (PAYE) work

Any salaried/PAYE hospital or ICB work undertaken by a GP under a contract of employment is officer membership in NHS Pension Scheme terms and must **not** be declared in column B of tables 1 and 2. This is because officer tiered contributions are separate and not linked to GP income. The relevant NHS employer (hospital or ICB) will deduct contributions at source at the relevant rate.

Bed Fund employers must base the tiered employee contributions on the **total** GP income.

Employee contributions

The rate at which GPs pay employee contributions is based on their global GP pensionable income in England and Wales irrespective of the number of hours they work. A non-GP provider is treated as a full-time officer scheme member and can only pension income (profits) from one nominated contract.

From 1 April 2022, all active members are members of the 2015 Scheme. As all members are in the 2015 Scheme from 1 April 2022, all GP and non-GP provider members (including transition members) must base their tiered employee contribution rate on their annualised pensionable income.

For example, a GP who starts at a surgery on 1 July 2024 and is expected to earn £85,000.00 up to 31 March 2025 is subject to the 12.5% rate. ($£85,000.00 \div 274 \text{ days} \times 365 \text{ days} = \text{annualised pay of } £113,229.93 = 12.5\%$). The contributions payable are based on actual pensionable pay of £85,000.00.

Following the outcome of the recent DHSC Consultation confirming the implementation of Phase 2 of the member contribution reforms from 1 April 2024, the tiered employee contribution rates applicable from 1 April 2024 are as follows:

Tier	Pensionable earnings band (rounded down to the nearest pound)	Contribution percentage rate
1	Up to £13,259	5.2%
2	£13,260 to £26,831	6.5%
3	£26,832 to £32,691	8.3%
4	£32,692 to £49,078	9.8%
5	£49,079 to £62,924	10.7%
6	£62,925 and above	12.5%

Please note, the contribution tiers shown include the proposed automatic CPI uplift and are subject to NHS Pension Scheme Regulations being amended accordingly following the outcome of the DHSC Consultation.

Employer Contributions

The underlying employer contribution rate is 23.78% including the administration levy of 0.08%.

As a result of transition arrangements introduced when the employer contribution rate was last increased, NHS employers including GP surgeries and APMS contractors currently pay employer contributions at the rate of 14.38% including the administration levy of 0.08%. The difference is funded by HM Treasury.

Payment of contributions

The contractor (surgery) must make suitable arrangements with PCSE or the LHB for employee and employer contributions to be paid at the correct tiered rate 'on account.' To support this PCSE or the LHB will normally top slice all contributions on account from the main payment made to the surgery; GMS global sum or PMS/APMS contract price. The deductions made are only in respect of the mainstream surgery income as stated in column A. Contributions in respect of income declared in column B will be collected separately by the employing authority responsible for that work.

Surgeries are legally responsible for paying contributions on time. They cannot withhold contributions pending resolution of a dispute over funding with their commissioner.

At the end of the 2024/25 scheme year every GP provider and non-GP provider must declare their NHS pensionable income on an annual end of year certificate. The 2024/25 certificate must be submitted to PCSE or the LHB by 28 February 2026.

Salaried GPs, long-term fee (surgery) based GPs, and career OOHs GPs (Type 2 medical practitioners) must complete the 2024/25 Type 2 self-assessment form to ensure they have paid tiered contributions at the correct rate in all their GP posts across England and Wales. The 2024/25 Type 2 self-assessment form must also be submitted to PCSE/LHB by 28 February 2026. Any arrears of contributions must be paid immediately.

Where a GP provider, non-GP provider, or salaried GP has underpaid 2024/25 contributions the arrears are paid by the surgery, not by the individual, even if they have left the surgery. The surgery must ensure it has suitable arrangements in place to cover their liability.

Where a GP provider, non-GP provider, or salaried GP has overpaid 2024/25 contributions the surgery, not the individual, is reimbursed. The surgery must ensure it has suitable arrangements in place to reimburse the individual their employee contributions. This rule also applies if they have left the surgery.

How we use your information

The NHS Business Services Authority will use the information provided for administering NHS Pension Scheme membership and processing payment of NHS pension benefits. We may share the information to administer and pay NHS pension benefits, enable us to prevent and detect fraud and mistakes, for debt collection purposes, or as required by law. For more information about who we share information with and how long we keep personal data and individual's rights, please visit our website at www.nhsbsa.nhs.uk/yourinformation