We are very sorry that, due to the unprecedented level of queries received by the Pensions Department, we are unable to respond to you individually and are having to prioritise specific queries such as ill health and bereavement at present. We ask that you contact your employer, or refer to the relevant NHS pensions agency for assistance where possible.

NHSBSA (E&W): nhsbsa.pensionsmember@nhsbsa.nhs.uk
SPPA (Scotland): SPPAService@gov.scot
HSC (N Ireland): hscpensions@hscni.net

If your query is in respect of any of the following current topics, you may find the following information helpful.

**McCloud Age Discrimination**

The outcome of the consultation on the public sector pensions age discrimination in England and Wales can be found here:


The Deferred Choice Underpin remedy requires that members in scope are reverted to their legacy schemes for the remedy period of 1 April 2015 to 31 March 2022. From 1 April 2022 all members, irrespective of age will move to the new 2015 scheme. At retirement members will choose whether to have benefits from the remedy period based on accrual in their legacy scheme or the new scheme (2015 Career Average Revalued Earnings Scheme). Working beyond 1 April 2022 will mean that prospective accrual from that date is in the 2015 CARE scheme and will result in the loss of Enhanced protection for those previously protected in their legacy scheme. Anyone who wants to retain Enhanced Protection will need to opt out of joining the scheme before they are transitioned on 1 April 2022. As the benefits of scheme membership entail more than just pension accrual you may need to seek financial advice before pursuing this course of action. More guidance on the Lifetime Allowance can be found here:


Benefits accrued up to 31 March 2022 will remain subject to the rules of the legacy scheme and can be accessed as per those rules (relating to the 1995/2008 sections) even after 1 April 2022. Benefits accrued after 1 April 2022 (and the remedy period service from 2015 to 2022, if your choice is to accrue them in the 2015 CARE scheme) will be subject to the rules of the 2015 CARE scheme. The 2015 CARE scheme has a normal pension age linked to your State Pension Age. Should this alter before you access benefits, the point at which you can do so without an actuarial reduction will alter too.

The NHS pension schemes in Scotland and Northern Ireland are separate. The Scottish Government will need to decide how to implement the Deferred Choice Underpin. Guidance on the SPPA website can be found here:


The consultation in Northern Ireland is still open and can be found here:

There is no action that anyone needs to take at present as the decision on the remedy is only made at the point of retirement. Those retiring before the remedy is implemented will be contacted and offered the choice at a later time, once the legislation is in place.

The consultation has acknowledged that there will be complex Annual Allowance positions to unpick when members are reverted to their legacy schemes for the remedy period. Until regulations have been laid by the schemes and the remedy has begun to be implemented no action can be taken on this. The BMA is pursuing the need for costs incurred by members, in reviewing this, to be covered by the Government.

The BMA has a partnership with Chase de Vere Medical, who specialise in independent financial advice to the medical profession. BMA members receive a complimentary initial consultation with Chase de Vere Medical before taking up their services, for which there is a charge.

- visit chasedeveremedical.co.uk
- email info@chasedeveremedical.co.uk
- call 0345 609 2008

Although we encourage our members to seek independent financial advice to ensure they are fully informed before making any decisions on their finances, BMA members are under no obligation to use the services of Chase de Vere Medical.

Please note all affected members will be contacted by their schemes in due course.

**NHS England and Welsh Government Scheme Pays 2019/20**

If your query relates to the NHS England Scheme Pays facility for 2019/20, and you have a charge for that year, you will need to complete the SPE2 form and submit it to NHSBSA by 31 March 2022. The form can be found here and can be emailed or posted back to NHSBSA:

https://www.nhsbsa.nhs.uk/sites/default/files/2020-12/Annual_Allowance_Scheme_Pays_SPE_2_20201218_%28V12%29.pdf

In England the supplementary form to be completed by your employer to confirm eligibility can be found here:


Please note that for GPs in England the above form needs to be sent to PCSE by 11 February 2022.

The process for GPs in England to follow is:

Submit your 2019/20 Pensions Annual Allowance Charge Compensation Policy application form to PCSE using the enquires form (found [here](https://www.england.nhs.uk/publication/annual-allowance-charge-application-form-and-guidance-notes/)) and select ‘GP Pensions’ from the drop down menu. Once you have entered your contact details you will be asked to select the pension query your form relates to. For this please select the ‘Individual protection’ option and then upload your
form. Completed applications received by 11 February 2022 will be validated by PCSE, then sent to NHSBSA to be processed. PCSE will also send a copy to you for your records.

The supplementary form for eligible clinicians (secondary and primary care) in Wales can be found here:


The facility detailed above is only for the 2019/20 scheme year and is not available to members in Scotland and Northern Ireland.

Reinstatement of the return to work rules (England and Wales and Northern Ireland)

The suspension of the rules which enabled members to return to work after a day’s break and undertake more than 16 hours of NHS work during the first month back and removed the abatement rules for MHOs ends on 25 March 2022.

NHSBSA has advised that in practice abatement will be applied from 1 April 2022 onwards and members will be advised of the earnings margin they need to adhere to to avoid a reduction to their benefits.

Those retiring with the intention of resuming NHS employment need to have retired by 22 March 2022 at the latest enabling 23 March to be the 24 hour break and NHS work resumed on 24 March 2022. If this is done then the 16 hour rule is suspended. However, anyone resuming NHS employment on or after 25 March 2022 will need to adhere to the rules and more details on this can be found here:


We continue to wait on details as to when the suspension will end in Scotland.

GP end of year forms (for members in England and Wales)

All GPs, except for those who exclusively locum for a full scheme year (1 April to 31 March), are required to verify earnings and contributions by means of completing a certificate after the end of the scheme year. The forms, for GPs in England and Wales, should be completed by 28 February 2022 for 2020/21.

PCSE has produced a video explaining the timeline and process which is relevant to GPs in England:

https://youtu.be/JNn0EC7THLk

Only GP pensionable earnings should be detailed on the certificate. Any work pensioned as an ‘officer’ is excluded. Officer work includes employed work in the secondary care sector and ‘direction’ employment e.g. employment with a University which remains pensionable in the NHS pension scheme.

GP s in the 2015 scheme are subject to annualising to arrive at the correct contribution tier. Guidance on this can be found here:
If you work as a Salaried GP (or a Partner) for a full scheme year (1 April to 31 March) irrespective of whether you work full time or part-time annualising will not have an impact as you are considered to be in the scheme for 365 days.

Annualising will affect GP locums more as individual days worked need to be totalled up to arrive at the annualised income on which the pension contribution tier is based.

The Authorised leave tab of the Type 2 form requires details of your actual (reduced income) as well as your unreduced (employer pensionable ‘deemed’ income). The contribution tier applicable during such a period of authorised leave continues to be that based on your original unreduced level of earnings. This is because for pension purposes the scheme will credit you with pension accrual based on unreduced ‘deemed’ earnings.

**Clinical Excellence Awards**

Where an award is lost or reduced you may be able to protect its former value (for purposes of calculating benefits in the 1995/2008 sections) by applying for protection of pay and should query this directly with your employer and NHSBSA. Forms will need to be completed and more guidance can be found here:

https://faq.nhsbsa.nhs.uk/knowledgebase/article/KA-04379/en-us


**Common queries**

If your query relates to any of the following you may wish to contact the relevant scheme administrator to request the following information/documents:

**Membership and MHO service queries:**

Request a membership service statement from your employer or the relevant pension agency which gives a breakdown of your periods of service in the scheme.

**Large growth showing in Annual Allowance statements:**

Ask the relevant scheme administrator to advise you of the employer’s year end figures (opening and closing pay figures) for the relevant tax years and if part time, the number of part time hours/sessions they hold on their records.

**PCSE issues:**

Call NHS Pensions and ask them to provide you with a breakdown of the employment records they have on records since 2015. Records should be updated to March 2020. Any discrepancies should be directed to PCSE, submitting any pension forms from the tax year being queried.

**Goldstone Modeller:**
Officer members are able to check benefits and assess accrual in relation to the Annual and Lifetime Allowances with this modeller:


The BMA is working towards a solution to enable the Pensions Department to be able to resume responding directly to member queries and phone calls within 3 months.

Yours sincerely

Susana Salvo-Garcia
Sent of behalf of the BMA Pensions Department
Member Relations Directorate
British Medical Association
Tel: 0300 123 1233
BMA Pensions Department, BMA House, Tavistock Square, London, WC1H 9JP