

BMA Professional Fees Committee

Guidance Note on Collaborative Arrangements

The Professional Fees Committee (PFC) has had concerns about the fees paid under the collaborative arrangements for a considerable number of years, and the purpose of this note is to outline the BMA's initial advice to members following a recent recommendation by the DDRB.

The collaborative arrangements were established under legislation in 1974 (current legislation is contained in sections 26-28 of the NHS Act 1977 and section 15 (1) (c) of the NHS (Scotland) Act 1978). This dictated that health authorities (now known as primary care organisations) should provide certain medical services to local authorities to enable the latter to carry out their responsibilities in the fields of education, social services and public health.

The collaborative arrangements allow these services to be provided by the corresponding primary care organisation without charge to the patient. The main areas covered by the arrangements (involving certificates or reports) comprise:

- Those in relation to children in care or being considered for adoption and fostering, together with certificates and reports on prospective adoptive or foster parents;
- Psychiatric examinations for the sectioning of patients (under the Mental Health Act);
- Blue Badge (disabled parking) permits;
- Priority housing reports requested by local authorities;
- Attendance at case conferences and other meetings arranged by Social Services;
- Notification of infectious disease;
- Certificates to enable chronically disabled or blind persons to obtain telephones.

Although primary care organisations are obliged to pay doctors for undertaking these services, mechanisms and responsibility for the reimbursement of fees and allowances are agreed locally between the parties concerned. The rates for work under the collaborative arrangements have until 2006/07 been set by the DDRB and issued via an NHS circular.

In their 2006 Report, the DDRB has not recommended collaborative arrangement fees for 2006/07 and seem unlikely to do so in future, but have advised doctors to set their own fees for work done under the collaborative arrangements.

As a general rule, if a doctor no longer wants to undertake the work under the collaborative arrangements based on the 2005/06 rates, then the doctor may withdraw from any existing arrangements by giving reasonable notice. The BMA believes that three months notice would be reasonable. The exception to this general rule applies to doctors who are employees (for example, of a Primary Care Trust in England or a Health Board in Scotland). In this case a unilateral withdrawal may amount to a breach of the employment contract and doctors are advised to seek advice before taking any steps.

The BMA advises individual doctors and GP practices that they should establish their own fees for this work. They should also notify their primary care organisation that, as there is no longer a DDRB recommended fee, any request for collaborative work received after a set date will be charged at their own fee rate (as stated above the BMA recommends that a notice period of at least three months be set).

Notwithstanding the above, caution should be exercised, prior to turning down collaborative arrangement work, since there may be ethical considerations as well as the need to maintain the doctor-patient relationship. Where a child is at risk, for example, the BMA would strongly advise doctors to continue to fulfil their obligation to the child and that any fee is considered secondary. The decision to carry out work should therefore be made on a case-by-case basis.

The BMA advises doctors that it is their individual decision whether or not to continue carrying out work under the collaborative arrangements based on the rates published for 2005/06. It is also the decision of individual doctors whether to use the 2005/06 fee rates as a reference point and then apply an annual increase based on their own rate.

Competition legislation and the Office of Fair Trading (OFT) prohibit the BMA, Local Medical Committee's (LMCs) and Local Negotiating Committee's (LNCs) from advising on fees, and it is also illegal for individual doctors or staff to discuss their fees outside their practice. The penalties for breaching this law are severe and can be up to 10% of organisation/practice turnover (not profit).

In accordance with the framework of the law laid down by the Competition Act 1998, the BMA is prevented in publishing suggested fees for services which can be provided by any doctor. Therefore the staff of the Association will be unable to make any suggestion on fee rates for work in this area.

The BMA is very aware that doctors are the only individuals who can undertake many of the items of work under the collaborative arrangements. Therefore doctors will need to strike a balance in setting their own fee making sure their remuneration levels and overheads are charged on a time basis. The fee levels must be reasonable, transparent and be subject to scrutiny where necessary. The BMA strongly advises that fee agreements should be made in writing.

This note has been issued as interim guidance and the BMA intends to issue more detailed guidance as soon as possible.