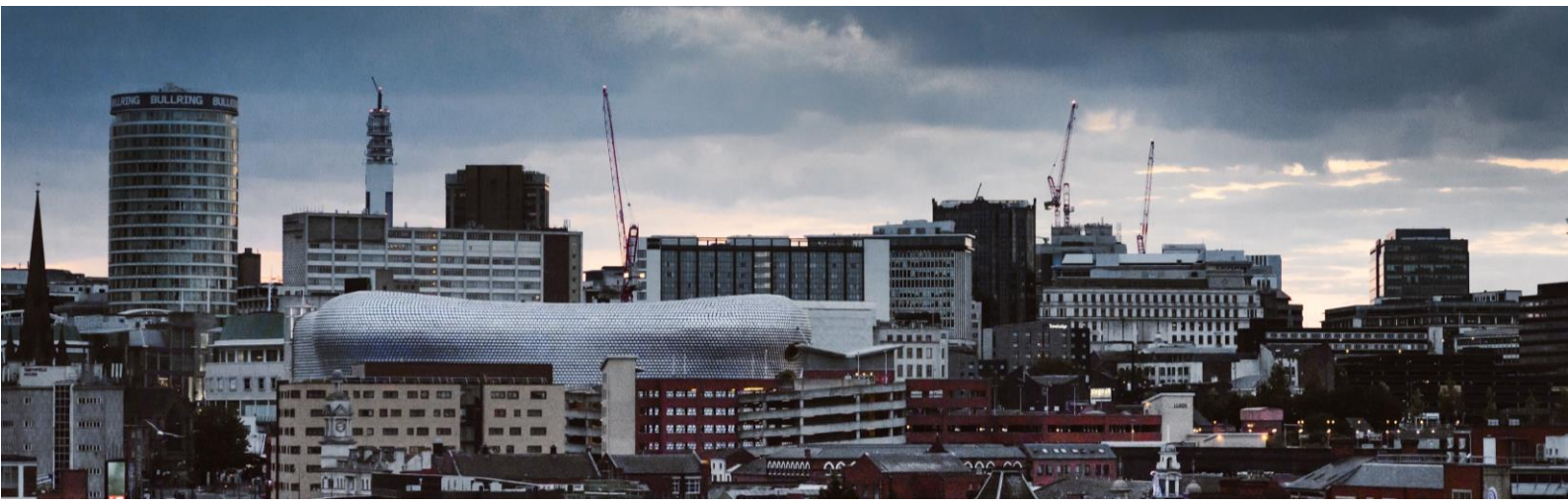
AUTUMN NEWSLETTER

British Society of Orthopaedic Anaesthetists

B.S.O.A
British Society of Orthopaedic Anaesthetists

September 2019



Dear BSOA Members,

Welcome to the autumn edition of the BSOA newsletter.

As I am penning this the parliament is suspended for 5 weeks and uncertainty around Brexit and a possible general election is looming in the horizon. Shadowing the thoughts of the medical fraternity, I am deeply concerned about the huge impact all this will have on the NHS.

At least, the government has acknowledged the pension annual allowance debacle and making steps to towards rectifying this. If your trust does not comply with government options, there is the option of working through a Limited Liability Partnership. Read all about it the article by Sally Barr, the managing director of Trust Health Limited, in the article to follow.

We, the BSOA have made excellent progress towards becoming a charitable trust and are proud to announce that we have pledged £2500 towards equipment and a further £1000 annually for ongoing medical supplies for The Holy Spirit Hospital in Sierra Leone. Every year a group of Birmingham hand surgeons and anaesthetists travel to the West African nation to offer their skills to local people.

The BSOA has granted Dr Rachel Baumber a £10,000 award for her work linking the PQIP (Perioperative Quality Improvement Programme) dataset with the National Joint Registry. This will give a more complete dataset to be able to understand what perioperative factors affect outcomes in revision lower limb arthroplasty and also identify further research opportunities.

I would like to invite you to our 24th ASM in Birmingham on 6th and 7th of November, it promises an exciting programme to include all aspects of anaesthesia and perioperative care. Please note that the deadline for abstract submissions is midnight on Sunday 6th October. All entries could be in for a chance to present at the ASM and win a share of the £1,300 cash prize. Don't forget to register at bsoa.org.uk, I look forward to meeting you all there!

See you all in Birmingham in November!

Sincerely,

Bernadette Ratnayake

The BSOA President
Bernadette Ratnayake

B.S.O.A
British Society of Orthopaedic Anaesthetists

British Society of Orthopaedic Anaesthetists Annual Scientific Meeting
The Macdonald Burlington, Birmingham | Wed 6th – Thurs 7th November 2019

Programme Includes

Postoperative Morbidity: Is It All About the Heart?
Prof Mike Grocott, Southampton

Future: Anaesthesia & Peri-operative Medicine
Prof Ravi Mahajan, Nottingham

Risk Scores in Pre-assessment, their Validity and Reliability
Dr Mike Swart, Torbay

Anaesthesia and Cancer: The Association
Dr Tim Wigmore, London

What to do after a Death on the Operating Table
Dr Jane Sturgess, Cambridge

FREE WORKSHOPS: Pensions and the NHS | Emergency Tracheostomy & Fibreoptic Intubation | Regional Anaesthesia Refresher | Cell Salvage and Blood Preservation Techniques | Radiology for the Anaesthetist Refresher

Rates are as follows:
Consultant/SAS Member - £165.00 (1 day) or £270.00 (2 days)
Consultant/SAS Non-Member - £195.00 (1 day) or £300.00 (2 days)
Trainee Member - £70.00 (1 day) or £100.00 (2 days), Trainee Non-Member - £100.00 (1 day) or £130.00 (2 days)
Retired/PA(A)/ODP/Pre-operative Nurses - £70.00 (1 day) or £100.00 (2 days)

CPD Points Available and Abstracts Accepted

For more information, please visit:

bsoa.org.uk/conference/2019-annual-scientific-meeting

For more information contact: Lucy Parkinson **Telephone:** 0114 299 5922
Email: lucyparkinson@eventmanagementdirect.co.uk

BSOA 24th ANNUAL SCIENTIFIC MEETING

The Macdonald Burlington Hotel, Birmingham | Scientific Programme

Wednesday 6th November 2019

08.30 – 09.15	**Registration**
09.15 – 12.30	**Parallel Workshops** Pensions and the NHS Sandison Lang and Medical Family Finance Emergency Tracheostomy and Fibreoptic Intubation Upper Limb Regional Anaesthesia Refresher Lower Limb Regional Anaesthesia Refresher Cell Salvage and Blood Preservation Techniques Radiology for the Anaesthetist Refresher
12.30 – 13.30	**Lunch, Continued Registration for Main Meeting & Trade Exhibition**
13.30 – 13.45	**Welcome from President of BSOA, Dr Bernadette Ratnayake**
13.45 – 15.00	**Session 1: Improving Practice | Chair: Dr Guy Shinner**
	Anaesthesia and Cancer: The Association – Dr Tim Wigmore, London
	What to do after a Death on the Operating Table? – Dr Jane Sturgess, Cambridge
	Q&A
15.00 – 15.30	**Refreshments, Posters and Trade Exhibition**
15.30 – 17.00	**Session 2: Radiology and Regional | Chair: Dr Zehrin Nassa**
	Advances in Percutaneous Bone Tumour Intervention – Dr Steven James, Birmingham
	Minimally Invasive Spine Surgery: The Future? – Mr M Ishaque, Birmingham
	Tips and Tricks for Regional Anaesthesia in Orthopaedics – Dr Tony Sutherland, Birmingham
	Q&A
17.00 – 17.30	**AGM of BSOA**
17.30 – 18.30	**President's Wine Reception**
19.00 – 22.00	**Annual ASM Dinner**

Thursday 7th November 2019

08.15 – 09.00	**Registration**
09.00 – 10.30	**Session 3: Peri-operative Medicine | Chair: Dr Bernadette Ratnayake**
	The Future of Perioperative Medicine + Postoperative Morbidity: Is it all about the Heart? – Prof Mike Grocott, Southampton
	Risk Scores in Pre-assessment: Their Validity and Reliability – Dr Mike Swart, Torbay
	Orthopaedic and Spinal Surgery: Initial PQIP Findings – Dr Rachel Baumber, London
	Discussion
10.30 – 11.00	**Refreshments, Posters and Trade Exhibition**
11.00 – 12.00	**Session 4: Registrar Prize Presentation** Oral Prizes: 1st, 2nd and 3rd place Poster Prizes: Most Likely to Change Practice, Best Presented, Best Overall
12.00 – 13.00	**Lunch, Posters and Trade Exhibition**
13.00 – 14.30	**Session 5: Critical Care & Orthopaedics | Chair Dr EJ da Silva**
	Classification of Critical Care Levels of Care – Speaker TBA
	Debate - Level 2 Critical Care vs. Surgical HDU: Level 2 or Level 1.5? Pro-level 1.5: Dr Mike Swart, Torbay | Pro-level 2: Dr J Beasdale, Birmingham
14.30 – 15.00	**Refreshments, Posters and Trade Exhibition**
15.00 – 16.40	**Session 6: Extremes of Care | Chair: TBA**
	Spine Tumours – Palliative Surgery (The Birmingham Experience) – Mr M Czyz, Birmingham
	Blood conservation in Orthopaedics and Orthopaedic Oncology – Dr W Rea, Birmingham
	Extent of Morbidity in Patients with Prosthetic Joint Infections – Dr G Cooper, Birmingham
	Discussion
16.40 – 17.00	**Prizes for Verbal and Poster Presentations and Closing Remarks from President of BSOA, Dr Bernadette Ratnayake**

BSOA ASM Dinner Wednesday 6th November

Join us for the Conference Dinner 6.30-9.30pm after the close of day one. A delicious banquet dinner will be held at Chaophraya Restaurant which offers and impressive mix of classic Thai and signature dishes in the heart of Birmingham.

Places are limited, so booking early is essential to avoid disappointment!!

Take a peek at their mouth-watering menus with this link: https://chaophraya.co.uk/birmingham

If you needed yet another reason to visit…

While you're in the city, why not extend your stay to take advantage of the largest authentic German market in Europe outside of Germany and Austria?

The Birmingham Christmas Market opens on Thursday 7th November and is a perfect opportunity to get into the festive feeling and start the Christmas shop!

For more information on what to do in Birmingham, please click here.

LAST CALL FOR ABSTRACTS!

An opportunity to present your work at the next BSOA Meeting

Have you performed any research or audit, or do you have an interesting case report that you would be interested in presenting?

This would also be an ideal opportunity for your trainees to get involved.

Abstracts are also being accepted for oral or poster presentation and could be in with a chance of winning a cash prize! The deadline for submission is midnight on **Sunday 6th October 2019.**

For more information on submitting an abstract, please click here.

Article of Interest

Pension and Income - Avoiding Misunderstanding and Crisis

By *William Myatt ACA, Sandison Lang, London, UK*

The annual allowance taper is an ill-conceived and badly implemented tax, which is having a profound effect on the NHS. As doctors, you know the importance of underlying data and the effect it can have on decision-making. As accountants, we are seeing the consequences of poor data and rushed tax legislation.

Calculations

You are presumably all aware of the basic premise of the annual allowance. Your NHS benefits are given a notional value for the start of a tax year, and this is compared to a notional value at the end of the tax year. The calculation of the notional values is complicated, and it depends on the accuracy of many pieces of underlying data. The difference between the value at the start of the year and value at the end of the year is your pension "input". If your input is high, then you can carry forward unused allowances from previous years to help you.

For several years the annual allowance was £50,000, and then in 2014/15 it was reduced to £40,000. Given the ability to carry forward unused allowances from the previous three years, not many doctors were affected.

The problems really started in 2016/17, when the dreaded "taper" was introduced. For those with taxable income of more than £110,000, the normal limit of £40,000 can be reduced to as little as £10,000.

Many doctors have now run out of unused allowances, and the taper has really started to take effect. Any residual excess is added back onto the taxable income, and the tax relief is withdrawn.

The NHS Pensions department is only required to send out annual allowance statements if your input has exceeded £40,000 in any one tax year. If you have not received a statement, you may still be liable to tax charges, because the NHS Pensions department do not know about your other income, or whether you are tapered. We advise all doctors to request their statements, which can take up to three months.

Consequences

Earlier this year, HMRC revealed that the average 2016/17 annual allowance tax bill was £29,635, which meant revenue of £517m for the Exchequer. This was the same year that the harsh new tapered allowance came into force, and for 2017/18 onwards things have got worse, because unused allowances from previous years have been used up.

A BMA survey of doctors found that 30% of consultants have already reduced their hours to combat the tax. A further 40% of consultants plan to reduce their hours.

Last week I met a new client who had a 2017/18 input of £650,000. She was taking the tried and trusted "head in the sand" approach and was not aware of the consequences of the letter. If she had waited a couple of years, HMRC would have sent her a tax bill for nearly £300,000 (NHS Pensions send their figures to HMRC).

With an annual salary of £90,000 and no private practice, it was quite clear that this was a mistake. Unfortunately, more plausible errors are harder to spot, as there can easily be a mistake in pensionable pay, inflation or service record, amongst other things. A single missing day of service would have an impact.

Communication

The NHS Pensions department aim to send statements in October, but unfortunately, they are swamped by the amount of work, and they are often unable to achieve this. HMRC's position is that the taxpayer owes the tax by 31 January, regardless of whether the calculations are late or need correcting (which can take many months).

One Government department (HMRC) is effectively punishing the taxpayer for the incompetence/timeliness of another Government department (the NHS Pension Agency or the individual Trust).

In recent years the Government has not communicated effectively. I will defer to a comment from my governing body, the Institute of Chartered Accountants in England and Wales, about the current state of tax law:

"in our opinion this unduly lengthy and complex legislation is partly a reflection of it having been rushed through parliament, with an unfortunate lack of scrutiny."

Confusion

Initially, Scheme Pays (asking the NHS to pay the annual allowance on your behalf) was only available on tax charges resulting from the standard annual allowance of £40,000, not excess savings above the tapered annual allowance. This led to some tax bills being payable immediately through Self-Assessment. It has been proposed that HMRC should have the ability to take supposed tax liabilities direct from taxpayers' bank accounts in future – given the annual allowance situation, this is worrying!

The NHS statement contains the following disclaimer: "these figures have been calculated using pensionable pay or membership details provided by your employer. It is your employer's responsibility to ensure this data is correct and up to date." Given the reputation of the payroll department at many Trusts, I am not sure that you will be reassured by this.

HMRC will not accept late receipt of the figures from the NHS as an excuse for late submission of your Tax Return, or late payment of the taxes owed, and penalties and interest would still be incurred.

As ever, the onus is on the taxpayer to report correct figures to HMRC and settle the tax on time.

Therefore, the recommendation alluded to can only be 'based on individual assessment'

Many clients have put their numbers through the BMA/Goldstone calculator – it should be mandatory for all doctors to use this tool or a similar one, in an attempt to avoid chaos. The calculator is easy to use and gives a good indication of what the pension inputs might be. However, the output is inevitably based on assumptions, and the input data could be flawed, so it is still beneficial to take tailored advice from a specialist medical pensions planner.

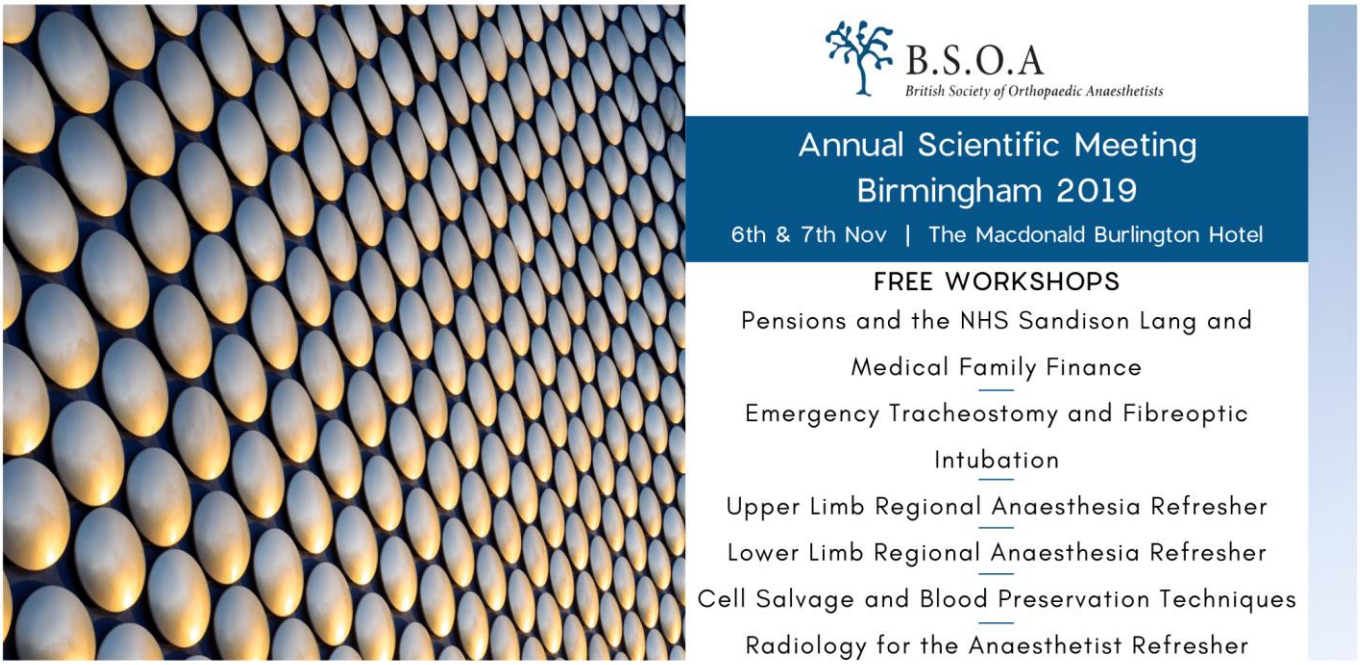
Conclusion

If you are liable for a tax charge, there are several options for paying it – via Self-Assessment, through the NHS Scheme Pays option or using a personal pension. Some are more tax efficient than others.

Given that the taper is based on a taxpayer's taxable income, it can be possible to mitigate the charge by using structures like companies or a partnership. This is highly dependent on individual circumstances and you should seek professional advice.

Happily, the Government is now taking the annual allowance problem seriously, with a consultation document to make the NHS Pension Scheme "more flexible and transparent". In 2006, pensions were supposed to be simplified by A-Day. Given what has happened since then, and in particular the annual allowance taper, I find it hard to be optimistic.

Sandison Lang will be running a free workshop at the Annual Scientific Meeting…



LLPs – Limited Liability Partnerships: Your Questions Answered

By Sally Barr, Managing Director of Trust Health Limited

I am sure you have heard the term "LLP" being discussed amongst your colleagues, and more so recently which is almost certainly due to the pension tax situation. However, you are not alone if you aren't sure what an LLP actually is, how it works and how an LLP might benefit you.

The purpose of this article is to give you an overview of an LLP and the types of work that consultants are contracting through their LLPs. This will empower you with the information to make a decision of your own about whether you wish to pursue this route.

LLP Structure

A Limited Liability Partnership (LLP) is a legal structure that was introduced in 2001 by the LLP Act 2000. It is the perfect corporate structure for the types of work that have typically operated through a traditional partnership, such as legal and accountancy. An LLP has the same characteristics as typical traditional partnerships regarding profit distribution, internal management and tax liability, however the key difference is that each member has limited liability in an LLP.

It is therefore an ideal corporate structure for clinicians who have grouped together to contract their services, as it provides a flexible vehicle where individuals can undertake different volumes of work and be paid accordingly. There are no shares in an LLP, but rather each member is equal, and the LLP is managed according to the details in the Members Agreement. LLPs do not pay corporation tax – each LLP member is taxed through Self-Assessment as a self-employed individual or within their limited company if their membership is a corporate member.

Members can join the LLP either as an individual or as a corporate member, ie their own limited company can be a member of an LLP and this can work well for clinicians who already have limited companies for private work.

What is the liability of an LLP?

The liability of an LLP and its members is limited to the amount that the members invest and any personal guarantees they have in place. Therefore, the assets and finances of the individual members are protected because there is limited liability against any possible debts and third-party claims.

Many clinicians are not aware that with a traditional partnership arrangement they have unlimited liability, meaning all the members are wholly responsible for any debts and claims. An LLP will protect against this and limit the individual's liability.

What types of work can you contract through an LLP?

The LLP model is very flexible, and clinicians can commission several different contracts through their LLPs. These include in-house NHS work (typically WLIs or overtime), private work*, Choose and Book in the private hospital and work commissioned directly with CCGs/GPs.

For in-house NHS work, the LLP can provide a range of services, for example surgeon only, anaesthetist only, surgeon and anaesthetist, the full theatre team or the full clinic team – or any combination of these. The range of options allows the Trust to engage with the LLP to help with any specific pinch points they may have.

* It is worth highlighting that two of the main insurance providers are currently trialing referring private patients to formal groups as this is their preferred route in the future. For groups to be approved by the insurers, they will need to meet certain criteria, and only then will the insurer recommend patients to be seen by the clinicians within the group. Incorporating an LLP now and being prepared with your colleagues, is likely to help should the insurers decide to expand this model in the future.

Why would a Trust contract with a consultant LLP?

The benefit that a Trust can derive from working with an LLP can be significant. The LLP model represents a value proposition that provides a flexible channel for extra work within Trust premises.

Consultants working within an LLP can offer an alternative model to traditional waiting list initiatives and can provide consultant cover for backfilling of lists due to annual leave or sickness. There are many Trusts where the consultants have reduced or stopped providing additional sessions, however the LLP model is a vehicle by which the consultants can continue to provide additional capacity to support the Trust.

In addition, a typical contract between an LLP and Trust would not tie the Trust to specific volumes of activity but rather they can use the LLP as a "tap" to turn on or off as additional capacity is required.

The consultants are motivated by, and dedicated to, providing excellent local services to their own patients and are keen to continue working in partnership with their local Trust.

How are you paid?

The fee arrangement between the LLP and commissioner is negotiated on a case by case basis. However usually the LLP work is undertaken on a fee for service basis, with the hospital paying the LLP on a per patient basis and the LLP members and staff (where relevant) are remunerated on this basis. Alternatively, some LLPs are remunerated on a sessional basis.

Does an LLP fall within IR35 legislation?

Advice from healthcare lawyers and specialist tax advisors, is that LLPs working within an NHS Trust typically fall outside of IR35 legislation.

I will however caveat this by adding that this does depend on the specifics of the contract between each LLP and their Trust, and what takes place in practice (rather than just being written in a contract). I would therefore encourage all parties to seek professional advice when drawing up their contracts.

Does Trust indemnity cover the LLP work?

Yes, the clinical indemnity is covered by the Trust. The NHS (Clinical Negligence Scheme) Regulations 2015 provides that NHS Resolution's Clinical Negligence Scheme for Trusts will cover the clinical negligence liabilities of a sub-contractor of a Trust, such as an LLP.

This is on the basis that the LLP is treating NHS patients under contractual arrangements with the Trust.

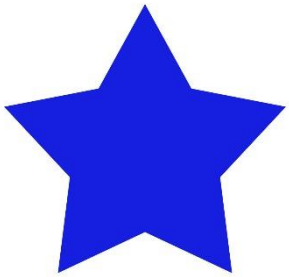
What are the benefits of an LLP?

Crucially at this current time, an LLP, if structured correctly, allows consultants to continue providing additional services to their Trust whilst minimising the pension tax implications.

In addition, the LLP model gives consultants the opportunity to work more closely with their colleagues to ensure patients continue to be treated locally by their own consultants, to support their Trust with resource challenges and have the foundations in place for their clinical services to be marketed and promoted locally.

Sally Barr is the Managing Director of Trust Health Limited. She is a co-founder of Trust Health, which incorporated in 2006 to provide clinicians with LLP incorporation, commissioning and ongoing business services. Sally can be contacted on barrs@trusthealth.co.uk or 01403 241484

MEMBER BENEFITS



Reduced registration fees for B.S.O.A meetings

BSOA e-newsletters and the opportunity to publish articles in future issues

Participation and voting rights at upcoming Executive Committee elections as well as eligibility to nominate and be nominated to the Executive Committee

Participation and voting rights at the Annual General Meeting

Access to the members-only area on our website

- Documents Library to search documents and other inquiries from past meetings
- Member Forum to join discussions and/or search topics

The BSOA gives many thanks to our Congress sponsors!

Questions? Comments? Suggestions?

Email us anytime: info@bsoa.org.uk

Dr Zehrin Nassa
Editor, BSOA Executive Committee