Healthcare Newsletter

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Welcome to the latest issue of the Healthcare Newsletter...

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Final Pay Controls

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Claire Heathershaw looks at the new Final Pay Controls and their effect on the NHS and its workers...

Final Pay Controls came into force on 1 April 2014 in relation to non-GP members. These rules do not apply to 'practitioners' (GPs) whose retirement benefits are calculated in a different way, relating to career earnings and not final salary.

The rules relate to the 1995 section of the NHS pension scheme only, where the pension benefits for all members, other than those with practitioner status, are calculated on the final salary of the member.

Final pay controls relate only to members with officer benefits and do not apply to members of the 2008 section or the 2015 section of the NHS pension scheme.

The rules are most likely to affect Nurses, Practice Managers, Pharmacists (including Partners in these roles) and GPs with Mental Health Officer status. However, the rules may affect other officer members who have had significant pay rises in their final 3 years prior to retirement. As pensions are linked to final salary, any increase in that period can inflate retirement benefits.

The rules take account of the fact that pay-rises do occur but aim to put a limit on these increases by stipulating an 'allowable' pay rise for each of the final three years. Following a recent consultation, the allowable amount (amount before a charge is levied) is now limited to CPI + 7% for each year. The allowable amount was previously CPI + 4.5% each year, the new rules came into force from July 2021 and are backdated to April 2018.

Where increases in the final three years of service are above the allowable amount, an 'excess employer contributions' charge will be levied on the GP practice or employer. This can be a substantial figure, payable within 28 days of the invoice being issued. The charge is designed to compensate the NHS Pension Scheme for the costs of the enhanced pension, and is payable not by the retired member, but by the employer.

It is important to be aware of final pay controls issues and plan to try to minimise the risk of incurring a charge.

This planning may include:

- understanding the retirement expectations of relevant members
- limiting pay rises to no more than CPI + 7%
- ensuring that any genuine changes in role are properly recorded

A key point to note is that final salary is based on the full-time equivalent.

In the case of non-GP partners, this can be difficult to control as profits can often be variable and this may mean that pensionable pay increases can exceed the allowable amount.

Following the consultation process, additional exemptions in relation to increases in pay were introduced which cover:

Non-GP partners — increase in practice profits in certain circumstances:

- change in practice share in last three years as a direct result of another partner's share decreasing
- change in practice share in last three years as a direct result of another partner leaving
- increase in partnership profits within the three-year period immediately prior to the date on which they cease to be in pensionable employment
- increase in partnership profits and increase in actual share during the same three-year period
- a nationally agreed contract, framework agreement or re-banding where this is authorised under NHS terms and conditions
- promotions with open and fair competition (supporting evidence would be required to substantiate this)
- clinical excellence awards and agenda for change pay rises
- ending of a salary sacrifice arrangement

Any charges calculated on or after 1 July 2021 now take into account the revised CPI percentage and the new exemptions introduced.

If you believe that you are subject to a final pay control charge, form FPC1 (final pay control supplementary form) should be completed and submitted at the same time as your AW8 (retirement application) form. NHS Pensions will calculate any final pay control charge owed following the award of a member's pension.

We would also recommend that the partnership agreement should be updated to stipulate who covers the liability — will this be the partners who were there at the time the charge relates to or will it be the partners who are there when the invoice is issued by NHS pensions? If this relates to a specific non-GP partner, will this be their specific cost? The inclusion of this information within the agreement should also help to protect incoming partners.

Changes are being applied retrospectively from 1 April 2018

Meet the Team...

Sophie Gledstone, Semi-Senior Accountant

Get to know a bit more about one of our Semi-Senior Accountants: Sophie Gledstone...

When did you join BHP?
I joined BHP in September 2017 after taking a year out after finishing my A-levels.

What attracted you to BHP?
I heard from a friend who already worked at BHP that it was a fantastic place to work due to a friendly atmosphere and supportive colleagues. I also researched the firm and saw that it was excellent training provider and as I was planning on working towards my accountancy qualification it seemed like the right fit for me.

What is your role and what does a typical day look like for you?
I am currently a semi-senior accountant working in the healthcare department. The average day for me includes preparation of partnership accounts for GP surgeries, this includes analysing client data and putting through the necessary accounting adjustments to produce a set of partnership accounts. As a firm, our unique selling point is the accounts report that we prepare alongside our partnership accounts, which gives a detailed explanation about each figure in the accounts. In my role I also am responsible for preparing this report. Each year since I joined the firm, our department has taken on more trainees and so my role has evolved to include assisting and training less experienced colleagues.

What do you like best about working at BHP?
Over the years I have developed some close relationships with colleagues in my department and have enjoyed working with these people on a day-to-day basis. I also enjoy the relaxed yet productive atmosphere at work. The firm also organise whole staff events each year which is a nice reward for the hard work I put in.

How has BHP helped you in your career so far?
Since working at BHP I have become Level 4 AAT qualified and am working towards my ACCA qualification. I have also been given opportunities to progress my career recently as I have been given the opportunity to manage my own job and clients. With both my studies and work I have been given ample support by colleagues and management.

What are your highlights and key achievements?
My highlights within work were being given an Above and Beyond award for producing work at a higher level than expected as an assistant accountant and my role in assisting the new trainees. My key achievement so far is passing all my exams and completing my AAT Level 4 qualification.

What advice would you give to someone who was thinking about applying for a role at BHP?
For those who are joining as an apprentice, be prepared to juggle a full-time job, studies, and apprenticeship work. Keeping on top of this can be difficult, but if you do you will be rewarded for your efforts. Don't be afraid to ask questions, everyone in the firm is extremely friendly and willing to help.

What do you enjoy doing when you are not at work?
In my spare time I enjoy socialising with my friends and family, especially spending time with my one year old niece. Before the pandemic I enjoyed travelling abroad, unfortunately I haven't been able to do this in the past year but look forward to visiting new places in the future.

What is your favourite type of cuisine and why?
I love Indian food and regularly order curry from my local curry house. My go to order is chicken bhuna, onion rice and poppadoms. Indian is my favourite cuisine because I enjoy spicy food.

What is the best place you have travelled to and why?
The best place I have ever visited was South Africa. I visited South Africa in December 2019 and spent Christmas and New Year there with my family. First, I visited Kruger National Park where we went on a five-day safari. We were able to see lions, leopards, elephants and rhinos in their natural habitat. We then flew to Johannesburg where we watched the England vs South Africa test cricket. After this we flew to Cape Town where my boyfriend surprised me by turning up. In Cape Town we watched more cricket, went shark diving, and climbed Table Mountain. This was a once in a lifetime experience.

If you weren't an accountant, what would your dream job be?
If I wasn't an accountant, I would love to work with children, either in school or nursery.

GP Practice Profitability

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Claire Heathershaw analyses how GP practices can maximise their profitability...

Over the past few years, the pandemic and introduction of PCNs have forced GP practices to work in new ways. Many GP practices are having to work hard to maintain income levels, manage costs and improve their profitability levels as well as meet an increase in demand for services. So, what can be done to maximise profitability?

Your Patients

Patient numbers are key to profitability. You will be paid per patient and, depending on the patient, you may be able to receive additional income by offering additional services outside of the contract. But before you take on new patients, you should consider the impact that this could have on your finances, as well as your time and resources.

Is your patient list size up to date and are you being paid for the correct number of patients? You should review your quarterly statements and check your monthly contract statements to ensure that list size adjustments are paid accordingly.

Are you getting the most out of your existing patients? Are you offering additional services and are these being recorded correctly on systems so that the practice is easily able to find the information to make the claims?

Your Systems

Make sure that you regularly check that you are being paid for everything - keep a record of amounts due and follow this up if the monies are not received. Maximise the functions of your accounting system — some will allow you to keep track of outstanding amounts and automatically send out reminders.

Compare the amounts that you receive to what you were expecting to receive and investigate any differences.

Your Income

QOF — you might want to consider whether it's worthwhile to try to achieve every single point available, and if the additional income received for the final few points outweighs the time or staff cost requirement.

Sundry fees — is your list of prices up to date and are these being consistently charged by everyone at the practice? Are these being paid upfront or do you need to review outstanding amounts?

Research — investigate potential projects that the practice could get involved with, but don't forget to research the financial and time cost implications.

Training and medical students — practices receive training grants for STIs to ST3s and funding for foundation year GPs, physician associates and nurse placements. This could help with capacity within the practice and offer options for future succession planning.

Have all NHS reimbursements such as locum cover, sickness and paternity cover been applied for as well as any claims on practice or personal policies?

Are claims for reimbursable items such as rates and water up to date?

Notional rent — is the three-year review up to date or are there potentially arrears outstanding? Don't be afraid to challenge rent reviews — some firms may offer to undertake this work on a 'no win, no fee' basis but be aware of any potential costs.

Drugs reimbursements — is everyone filling in the relevant FP34 forms accurately and are claims being checked when monies are received to ascertain whether they are correct?

Grant funding — be aware of monies available and any conditions associated with these that could lead to abatements or repayments.

When considering offering a new service, make sure you look into how it will affect staff costs, workloads, space requirements and overheads. Don't just focus on income — think about the associated costs, too. It may be that there is surplus space available and that the overheads would be incurred regardless and utilising this space could be a good way to spread costs further. But be aware of how space is used and whether this could impact on the level of notional rent being received.

Your Staff

Delegation — could some of the work being done by the partners or practice manager be delegated to healthcare assistants or the admin team? This could potentially free up time at a senior level and subsequently reduce costs.

Consider whether patients can be seen by staff members other than GP partners or salaried GPs.

Organise rotas and cover to try to minimise the use of locums and the need for overtime payments.

Review the skillset of your staff to check that you have the right balance and number of employees in the right roles.

Review overtime payments and balance these against income being received for the additional work being done.

Your Expenditure

Don't be afraid to shop around for cover and review annual contracts for items such as light and heat, photocopying, insurance and telephone systems. A third party can be employed to do this on behalf of the practice, but bear in mind that this will result in an additional cost.

Stock control — review ordering systems and check there are no old / obsolete items (this applies to medical and stationery items). If there are any old stationery items, can these be sold on?

Consider the level of cover offered on sickness and locum insurance policies and whether this is required in addition to the NHS reimbursements offered.

Your Operations

Review existing systems and check that these are fit for purpose. A slight change in habits or implementing a new system could result in time and cost saving, for example asking staff not to print unless it's absolutely necessary could save on stationery costs.

Consider the use of e-mails rather than letters to save on postage costs.

Use a text messaging reminder service rather than telephone calls — these free up staff time and phone lines.

Use benchmarking figures provided by your accountant to highlight key areas to investigate, while remembering that every practice is different and there may be good reasons for the variances.

Maximise the features of your accounting system - on some systems such as Xero you can set up budgets and compare income and expenditure to these or to previous months and years. Watchlists for codes can be set up on the main dashboard screen so you can monitor specific headings and see on a timely basis where costs are high.

Most importantly, keep track of your income and expenditure throughout the year so that there are no surprises when the year-end accounts are prepared!

Use benchmarking figures provided by your accountant to highlight key areas to look into whilst remembering that every practice is different

GP Premises Loan Finance

10 Things to Consider

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Ian was the Head of HealthCare at Lloyds Banking Group until last year when he retired after 43 years with the bank. He has now established PrimaryCare Finance Consultancy Limited a fully independent specialist consultancy and is a finance broker as an Authorised Representative of Medifinance Ltd which is Authorised and Regulated by the Financial Conduct Authority and a member of the NACFB

Sorting out the right finance for premises can be confusing and time consuming. What are the main things to look at to make sure you get the right deal for your practice?

Practices that own their own premises will sooner or later have to deal with the finance issues around partners leaving and new ones wanting to buy-in. This can often be an unwelcome distraction but currently is potentially even more problematic as one of the top finance providers is no longer renewing their loans when they mature.

Time is always short, and it may be tempting to take any quick fix, get the job done and move on. However, with a little support and planning you can get a good deal and a loan structure which may also make it easier for future partner buy-ins.

Things to consider:

1 Decide who is borrowing the money

Should the borrowing be in the name of individual partners, the partnership or even a limited company? How the loan is set up will affect the cost but may also impact the ease of borrowing in the future if partners change etc. Also consider any connected issues e.g., partners changes will mean you need to update your partnership agreement or there may be the need for a lease; are there any tax implications?

2 Will you minimise repayments or minimize outstanding debt?

Some GPs want to pay the minimum they can each month so they can take any ongoing 'profit' along the way, with less equity when they leave. Others may want to pay off their loan as soon as possible and take any benefit at the end as a lump sum. The right loan may allow some partners to do it one way and some the other.

3 Don't assume your bank will give you the best deal

A common assumption is that your current bank will provide the best deal. They might; but often the best rates are used to attract new custom or 'switchers'. As with some insurance and utility contracts, banks can take advantage of your loyalty. Also make sure the person you talk to at the bank understands GP Premises Finance and that the bank has specific credit and pricing policies which reflect the sectors 'low risk'.

4 Look beyond headline rates

Most people look at the proposed interest rate as the main comparison between providers. You should question whether the rate covers the entire loan or just any 'secured' element; can it change for any reason after say 3 years; is it fixed or variable? As with many things what appears to be the cheapest may not be the best value or the best deal for you.

5 Make sure you compare offers like-with-like

There are different ways banks 'commit' funds, and this will impact the rate offered. Some will commit for the full term of say 25 years; others want to review every 5 years. In general, the shorter the commitment the lower the interest rate but subsequent renewals may see the rate rise and additional fees incurred. When comparing rates make sure you compare offers with the same terms and commitment.

6 Don't over commit

A major consideration should be the monthly loan repayment commitment. What may be comfortable now may not be in a couple of years and remember if interest rates rise your repayments will increase. For this reason, do not over-commit and if appropriate go for a slightly longer loan term e.g., 25 years instead of 20, with the option to repay early without penalty.

7 It doesn't have to be either-or

You will probably be asked to decide between fixed rates or base rate linked; 20 or 25-years term, full repayment or interest only (if available). With the right

provider however, it need not be 'all or nothing'; as an example, you may be able to have part fixed, part variable and possibly some interest only. Decide what is best for you and get in built into your loan

8 Try to future-proof the loan

Try to make sure the loan has sufficient flexibility to allow for future partners changes, retirements etc. Consider what might happen; is there the possibility of a merger or surgery development? Do not commit to fixed rates if the contract may have to be 'broken' incurring large penalties. Also build in some flexibility to enable lump sum capital reductions or potentially increase the borrowing if circumstances change.

9 Check all the 'small-print'

All contracts and agreements tend to have more 'terms and conditions' than the headline features. Make sure you understand anything which may impact your plans or mean additional fees. As examples, are personal guarantees required, are there restrictions on early repayments or the need for regular re-valuations at your expense?

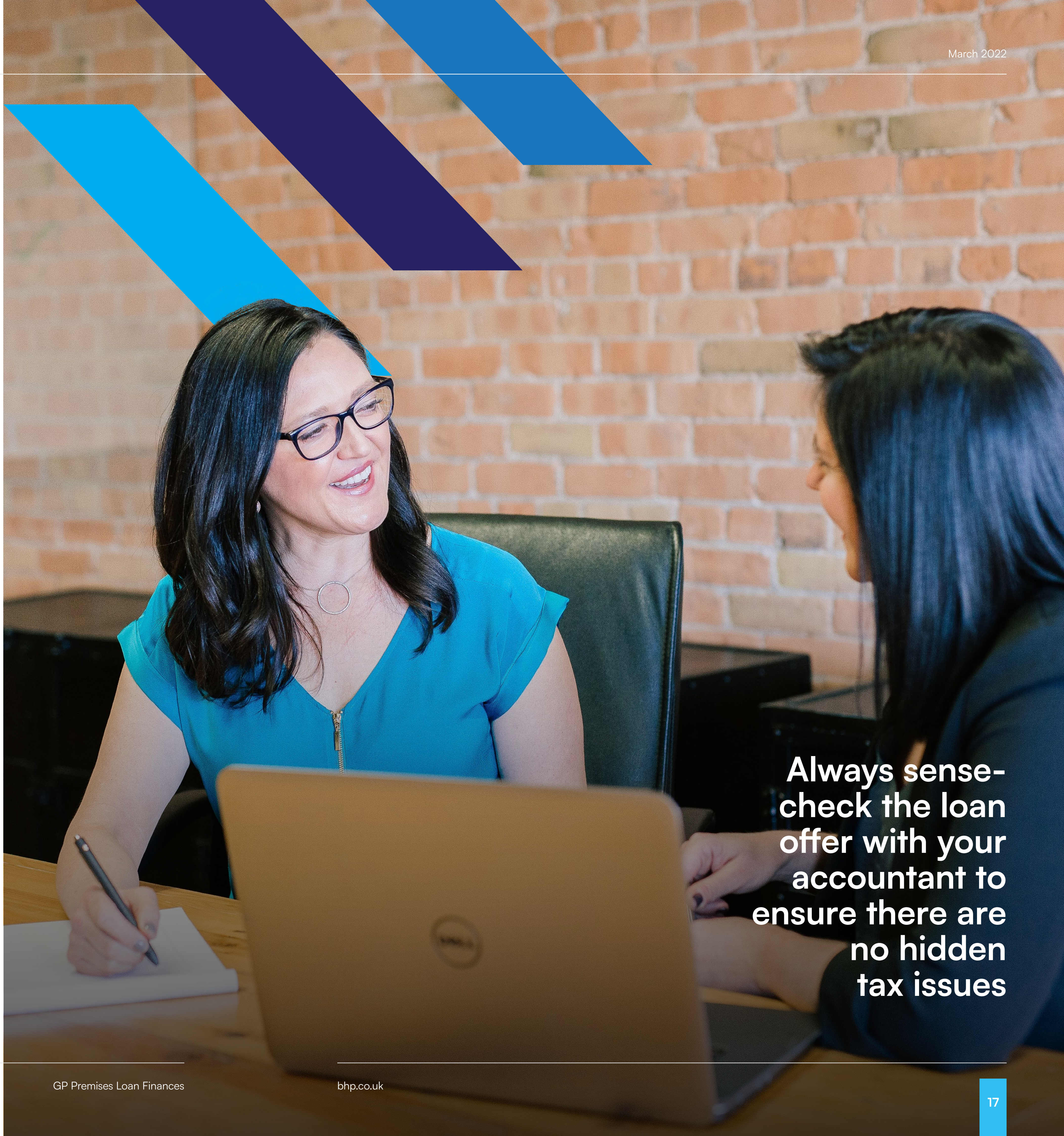
10 If it's complicated take a step-by-step approach

Existing arrangements can be complicated with historic partner loans, some with fixed rates and penalties, others at very cheap rates, and all with different maturity dates. Refinancing every loan and every partner at the same time may not be possible. Decide how the ideal longer-term structure would look and then work towards it in stages if necessary. Make sure the bank works with you to provide what is best for the practice.

At the start of this article, it was suggested the choices around practice loans can be confusing: the 10 items above probably reinforce that view! This leads to the final suggestion: use an experienced, independent specialist broker who knows all the banks healthcare teams and will help build the best loan package for you. They should work for you on a 'no fee' basis because if they arrange new finance, they will be paid an 'Introducer Fee' by the bank concerned.

Finally, always sense-check the loan offer with your accountant to ensure there are no hidden tax issues.

Try to make sure the loan has sufficient flexibility to allow for future partners' changes, retirements, etc...



2019/20 Reminder

NHS Compensation Scheme

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Claire Heathershaw reminds us to make clients aware of their benefit entitlement...

In November 2019, NHS England announced a compensation scheme, whereby the NHS will cover any Pensions Savings Annual Allowance tax charge incurred by clinicians in 2019/20 only. Pension benefits are allowed to grow by up to £40,000 per tax year before you are at risk of incurring a Pensions Savings Annual Allowance tax charge.

We recommend that all clients put the compensation scheme in place even if they believe that the growth in their pension would not exceed £40,000 in 2019/20.

The submission of the Annual Allowance Charge Compensation Policy Form depends on your employment type as follows:

Primary Care Clinicians (Salaried GPs, self-employed locums, partners in a medical practice) Submit to PCSE via the online portal pcse.england.nhs.uk/contact-us/

Secondary Care Clinicians (Hospital Consultants)

The form should be certified by their Employing Authority (Trust/HR Director).

The original form should be sent to NHS Pension at the following address:

NHS Business Services Authority
PO Box 2269
Bolton
BL6 9JS

Dentists
NHS Dental Services provide a facility to complete a compensation form via your Compass portal login.

The compensation scheme also requires the submission of a Scheme Pays Election form, requesting that the NHS pays any tax charge on your behalf. This is submitted to NHS pensions.

The overall deadline for submission of both forms to NHS Pensions Authority is 31 March 2022. However, PCSE announced that the third and final submission window for GPs to submit their compensation forms via their portal would be between 13 December 2021 and 11 February 2022.

Since the closure of the submission window PCSE have said that applications received after 11 February 2022 will be held by PCSE and batch processed at a later date.

More information on timings for this will be published when they are confirmed.

Late applications will also be accepted where, through no fault of their own, clinicians have not yet received a pensions savings statement for 2019/20. They will be able to submit their application for six months after receiving their pension savings statement. If a clinician is submitting their form late, they should follow the current instructions regarding authorisation and submission of their application as detailed above.

If you would like us to complete the forms on your behalf please speak to your usual BHP healthcare contact.

Important!

Review Dental Associate Contracts

By April 2023

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Kirsty Swinburn reminds us of changes to how Associate Dentists are defined...

HMRC have for many years accepted that Associate dentists are almost always self-employed. However, it has been announced that, as of April 2023, this paragraph in their guidance will be withdrawn. So, after April 2023, it will be more important than ever to make sure that the correct Associate contract is in place, and that the reality reflects the contract.

It should be noted that, should HMRC successfully challenge an Associate dentist's self employed status, the resulting tax and National Insurance liability would be that of the practice, not the Associate, unless provision is made in the contract.

From April 2023 each Associate's tax status will be considered on a case by case basis.

The key issue is control, if the Principal is able to exercise too much control over how and when an Associate dentist works, this will start to look more like an employment relationship, with the associated tax and National Insurance consequences.

Factors that will be considered are whether the Associate can exercise sufficient clinical freedoms, whether they have to do all the work themselves or can engage hygienists, therapists or locums as appropriate, and how much freedom they have to choose their own hours worked. The financial aspect is also important, the Associate should be able to demonstrate that they are running their own business, such as bearing financial risk if targets aren't met, and that they have the ability to build up their own client base and earn more if they work more.

The use of HMRC's CEST tool, the Check of Employment Status for Tax gov.uk/guidance/check-employment-status-for-tax will become even more important after April 2023.

HMRC have confirmed that they see this as a change to their guidance, not as a change to the self-employment status of associate dentists. They have also confirmed that they will not be using the withdrawal of the guidance as a reason to open retrospective enquiries into periods prior to 6 April 2023.

The BDA has a standard Associate contract which, if actually adhered to, should mean self employed status is preserved but, as April 2023 approaches, it is very important to check that all Associates have correct and up to date contracts in place that reflect the reality of the working relationship.

As April 2023 approaches, it is very important to check that all Associates have correct and up to date contracts

NHS Pensions

Proposed Changes to Member Contributions from 1 October 2022

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Claire Heathershaw takes us through the changes to NHS pensions...

The Department of Health and Social Care has now published its response to the proposed changes to NHS pension contributions. The current rates have been in place since 1 April 2015.

Tiered rates were originally introduced in 2008 to reflect that higher earners were likely to receive proportionally more benefits than lower earners over the course of their retirement due to the link to final salary. The NHS pension scheme has now moved from final salary linked to a career average revalued earnings (CARE) model and the changes are designed to reflect this.

The changes include:

Members' contribution rates would change to be based on actual pensionable pay instead of notional whole-time equivalent pay (the system currently calculates contribution rates for employed members based on their notional whole time equivalent (WTE) earnings and self-employed members on actual earnings)

The structure for member contributions would change (there would be fewer tiers overall)

The thresholds for the contribution tiers would be increased in line with annual Agenda for Change pay awards.

The changes would mean that some members will see an increase in their pension contributions, and therefore these would be phased in over 2 years which was originally intended to start on 1 April 2022, with the final changes made from 1 April 2023.

Following the consultation the changes have now been postponed until 1 October 2022, meaning that the current rates will continue until then.

The changes are across the page.

Changing the rates part way through the year will create difficulties for practice payroll systems and for the completion of pension certificates and estimates of pensionable profits for 2022/23.

The need for some GPs to annualise their earnings (where they have not been a member of the pension scheme for a full year) has not been removed as part of the changes meaning that some individuals may be subject to higher tier rates despite actually earning lower rates of income.

Current Tiers	Pensionable Earnings (Nearest £)	Current Rate	Rate from 1 October 2022	Rate from 1 April 2023	Proposed Tiers
		(WTE pay)	(Actual pay)	(Actual pay)	
Tier 1	Up to £13,231	5.0%	5.1%	5.2%	Tier 1
Tier 1	£13,232 to £15,431	5.0%	5.7%	6.5%	Tier 2
Tier 2	£15,432 to £21,478	5.6%	6.1%	6.5%	Tier 2
Tier 3	£21,479 to £22,548	7.1%	6.8%	6.5%	Tier 2
Tier 3	£22,549 to £26,823	7.1%	7.7%	8.3%	Tier 3
Tier 4	£26,824 to £27,779	9.3%	8.8%	8.3%	Tier 3
Tier 4	£27,780 to £42,120	9.3%	9.8%	9.8%	Tier 4
Tier 4	£42,121 to £47,845	9.3%	10.0%	10.7%	Tier 5
Tier 5	£47,846 to £54,763	12.5%	11.6%	10.7%	Tier 5
Tier 5	£54,764 to £70,630	12.5%	12.5%	12.5%	Tier 6
Tier 6	£70,631 to £111,376	13.5%	13.5%	12.5%	Tier 6
Tier 7	£111,377 and above	14.5%	13.5%	12.5%	Tier 6

How Much is Enough?

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Nick Brier considers the question on many clients' minds when it comes to retirement planning...

At a very basic level, successful retirement planning, at least from a financial perspective, simply involves matching how much you're going to need with how much you're going to get.

The first step in determining the capital and income resources you might need is to consider your desired lifestyle. Whatever you plan to do when you are not showing up for work every day will have an important bearing on how big your pension savings pot must be. On the one hand, I've worked with clients who love walking every day, so not much is needed beyond a backpack and a decent pair of hiking boots. On the other hand, some clients might have a passion for skiing, yachting and staying in only the finest hotels, meaning the financial resources to support their lifestyle moves into a completely different stratosphere!

Most clients know what they don't want when they retire, and that's a significant drop in their standard of living. Therefore, a good starting point is to work out how you spend your money now and then consider how this might change when you retire. If I reflect on the retirement journey of my own parents and that of many of my older clients, you may want to think about the retired phase of life in two stages; an "active" phase where you've still got the good health and energy to travel, play sport and go on adventures, and, a "later life" phase where you're likely to be slowing down the pace of life a little and spending less money. It's probably also prudent to factor in the likelihood of needing long-term social or nursing care in your final years.

The first step in determining the capital and income resources is to consider your desired lifestyle

	Pre-retirement	NHS Pension Only	NHS + State Pension
Gross Income	£135,000	£65,000	£74,300
Income Tax	(£29,300)	(£13,400)	(£17,100)
National Insurance	(£6,000)	£0	£0
NHS Pension Contributions	(£29,300)	£0	£0
Net Income	£70,400	£51,600	£57,200
Gross Replacement Rate	N/A	48%	55%
Net Replacement Rate	N/A	73%	81%

Start to factor in: the use of other capital and income resources (e.g., repayment of practice capital, other savings and investments etc.), any mortgage borrowing is likely to have been repaid and children should no longer be as financially dependent as they once were, the possibility of being able to maintain a high standard of living in retirement begins to turn from a pipe dream into something that now feels achievable.

There's lots of "noise" around the NHS Pension Scheme right now — 1995 Scheme, 2008 Scheme, 2015 Scheme, annual allowance, lifetime allowance, pension savings tax charges, commutation rates, scheme pays, transitional protection, McCloud Judgement, early retirement factors, late retirement factors — I could go on! All this noise can lead to a state of confusion.

Working with the right financial planner, especially someone who is familiar with all the nuances of the NHS Pension Scheme, will help you cut through the confusion and get a grip on your current financial position. Then, using sophisticated modelling tools and prudent assumptions around things like inflation, investment returns, interest rates and tax, we can help you build a clearer picture of what your retirement income landscape might look like. That picture may well look better than you think.

Nick Brier is a Director of BHP Financial Planning and is a Chartered Financial Planner and Chartered Wealth Manager.

Working with the right financial planner, with all the nuances of the NHS Pension Scheme, will help you cut through the confusion

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