

GMS, PMS or (classic) APMS NHS Pension Scheme employing authority (EA) - notification of changes to contract or organisation.

As a general medical services (GMS), personal medical services (PMS) or (classic) alternative provider of medical services (APMS) contractor it is your responsibility to notify us of any changes which may affect your access to the NHS Pension Scheme. These include changes to the partnership or shareholder structure of your organisation, mergers and when a contract ends or is varied. A (classic) APMS contractor in NHS Pension Scheme terms is an organisation that holds an APMS contract and all of the partners or shareholders have also entered into, or would be eligible to enter into, a GMS contract or PMS agreement.

Please use this form to tell us about any changes. Complete all parts. If a question is not applicable use n/a.

If the Scheme Access Team has asked you to complete this form an access check is needed, even if no changes have occurred, this is in line with NHS Pension Scheme rules and approved by the Department of Health and Social Care.

With this form we need a full signed copy of the GMS, PMS or APMS contract variation or novation you have received in regard to partners being added or removed, premises being added or removed, extension of contract term (APMS), change in named contractor or change to organisation name. If no variations or novation have been issued, please provide the full original GMS, PMS or APMS contract. If you are telling us about future changes for which you do not yet have the relevant contract documents, please do not delay sending your form. You can send us the supporting documents when you receive them.

- Documents attached Original contract Contract variation / novation Other documents
- Documents to follow

Part one – about your organisation

The organisation's name

The NHS Pension Scheme EA code

The organisation type (for example, medical partnership, company limited by shares, single handler)

If a partnership, give the name and email address of the senior partner.

Your company number, if registered with Companies House.

If a change to your organisation type has occurred or is due to occur give a brief description of the change and the date of change. (Changes to tell us about include but are not limited to change from one type of organisation to another, change to an organisation or partnership name and changes to the shareholders if your organisation is a company limited by shares).

If you have merged with another practice, provide the practice name, GP contract code / ODS code, and EA code if known.

Please confirm that the employer as named on the individual staff members' contract of employment is exactly the same as stated as the contractor on the GMS, PMS or APMS contract.

Yes

No – please provide details in the box below

Please confirm that your practice EA code is only used for employed NHS Pension Scheme practice staff members. GP contributions and their pension records are administered by Primary Care Support England (PCSE), on behalf of NHS England, or the Local Health Board (LHB) in Wales.

Yes No

Part two – about your contract

Contract type

GMS

PMS

APMS

Named contractor as listed on your GMS, PMS or APMS contract

If an APMS contract what is the current expiry date?

If an APMS contract has expired or is due to expire and is being extended, what is the new expiry date?

Your GP contractor code / ODS code (if applicable)

If the contract held is not GMS or PMS, what service is being delivered via your contract (for example GP led, extended access)?

Details of any changes being made to your contract (Changes to tell us about include but are not limited to, partners being added or removed, branch sites being added or removed, moving to new premises, new provider taking over the contract, merging of one or more contracts).

If applicable, provide details below of any partners, sole traders or contract holders added to the contract. Please note that if the contractors named on your latest contract do not match the information already held in our records, we may contact you for additional information about other individuals.

Name	If a GP - General Medical Council number	If not a GP - state profession and the information requested below for criteria 1,2 or 3	Date added to contract	Email address ('nhs.net' email address if available)

For any non-GP contractors listed above, please confirm in the third column which one of the following criteria they meet:

- 1) A healthcare professional that is a member of a regulated governing body (for example General Dental Council, General Pharmaceutical Council, Nursing and Midwifery Council). **State which regulatory body and provide their registration number.**
- 2) A person who is a contractor on another English or Welsh GMS contract or PMS agreement. This can be as a named contractor, a partner in a named partnership or a shareholder in a named limited company. **Provide the contractor's name and EA code for the approved contract.**
- 3) A person that is an NHS employee employed by an NHS trust or NHS foundation trust. **Provide the trust name and the member's pension reference number (SD number).**

We may need to contact the commissioning body to verify the information you provide so please provide a name and direct contact email address for the person responsible for the commissioning of your GMS, PMS or APMS contract. Note that this may be your Integrated Care Board, Local Health Board (Wales), NHS England or other commissioning body.

If a GP practice, list the premises, including all branch premises, that are covered by your contract:

Name of surgery	Full address	Main or branch site	If a branch site, date added to your contract

Please provide a copy of the contract variation for any premises added to your contract that was not in your original contract.

Part three - additional information

Do you hold any other GMS, PMS or APMS contracts that you are pensioning under this EA code? Yes – please provide details below No

If there is anything else you need to tell us please use the box below:

Please send your completed form and supporting documents to the Scheme Access Team