

2017/18 GMS AGREEMENT FAQs

Payments for GP performers covering sickness leave

What has been agreed?

NHS Employers, on behalf of NHS England, has agreed with GPC England a number of changes to the arrangements for making payments for GP performers covering sickness leave in 2017/18.

The key change is to the qualifying criteria. Payments are no longer linked to the number of patients that the remaining doctors have to treat. From 1 April 2017, all practices are entitled to reimbursement payments towards the cost of providing cover for GPs who are off work through sickness, where the period of absence is two or more weeks.

In addition, and in order to provide greater flexibility for practices and encourage continuity of care for patients, practices can now provide cover using either salaried or contractor GPs who already work at the practice as well as locums, in line with existing arrangements for parental leave cover.

Payments are no longer discretionary and will be the lower of the actual invoiced costs or the new weekly maximum of £1,734.18 per week. Those payments cannot be applied pro-rata to the working commitment of the absent GP.

There is an amendment to payment periods. Practices will now become eligible for payment each time the GP has been absent continuously for two weeks, rather than one. Then payments are made at the agreed rate for 26 weeks, and half of that for a further 26 weeks.

When do these changes come into force?

These changes come into force from 1 April 2017.

For the avoidance of doubt, they will be applied from 1 April to both new and ongoing periods of absence. As such, if a GP has been on sick leave prior to 1 April 2017 and this period of absence will continue, then that time can be counted towards the two week qualification period and the practice can claim the relevant reimbursement. Similarly, payments from 1 April 2017 will be the lower of the actual invoiced costs or the new weekly maximum amount.

Can practices claim the payments where a GP already working in the practice provides the cover instead of a locum?

Yes. However, the GP(s) providing the cover must already be working for the practice prior to the period of absence, must not be working full time, and can only provide cover to bring their own weekly commitment up to full time.

Does the two week qualifying period count to each instance of sickness absence before reimbursement payments can be made?

Yes. For each instance of sickness absence, the payments will only start once the period of sickness is two or more weeks. It is important to note that during the first two weeks of each instance of sickness absence, no payment is made and as such payments start from week three of the absence.

For how long will reimbursement payments be made?

Reimbursement payments will only apply from week three of each instance of absence. From week three, the payments will then be the lower of actual invoiced costs or weekly maximum amount for 26 weeks, followed by half that amount for the next 26 weeks.

The rolling aggregate period for counting leave previously taken in order to determine what payment is due, remains at 52 weeks.

When will the weekly maximum payment be made?

The weekly maximum amount of £1,734.18 will only be made where it is lower than the actual invoiced costs for providing cover.

Can the reimbursement payments be made pro-rata to the working commitments of the absence GP?

No. Payments can no longer be made on a pro-rata basis and will be the actual of invoiced costs or weekly maximum amount as applicable.

How can practices claim reimbursement payments?

Practices can claim for reimbursements the same way as before - by sending an application with invoiced costs and proof of GP absence (such as a fit note) to the commissioner.

What are the implications for practices – can they now cancel their sickness insurance?

These changes are intended to support practices in better managing the financial and workload implications of long-term sickness absence. NHS England cannot offer

specific advice on managing insurance cover as this is a business decision for the individual practice.

However, practices should note that the following conditions apply:

- there are no payments at all for the first two weeks on each occasion that a GP is absent;
- the continuous two week qualification period applies to every absence and does not 'carry over';
- these reimbursement payments only cover GPs, not other practice staff;
- they only cover core hours;
- as previously, payments will only be made to cover salaried GPs where the practice is paying the GP their full salary entitlement under their contract while absent through sickness

Are there any long-term medical conditions that would prevent the practice receiving reimbursement?

There are no changes to the Statement of Financial Entitlements (SFE) with regard to what constitutes sickness absence.

Below are some worked examples of how the changes will apply.

- GP A is absent 20 March 2017 – 24 April 2017 – reimbursement starts from 1 April 2017 but absence prior to that can be counted towards the two week qualification period. The practice becomes eligible to apply for payments from 3 April – 24 April, and can claim the lower of actual invoiced costs or three weekly maximum payments.
- GP B is absent 3 April 2017 – 13 April 2017 – less than two weeks so no payment.
- GP C is absent 3 April 2017 – 26 April 2017 – two week qualification period, then practice is eligible to apply for lower of actual invoiced costs or weekly maximum for the period 17-26 April.
- GP D is absent 10 July 2017 – 19 July 2017, then 25 July 2017 – 25 August 2017 – the first instance of absence is less than two continuous weeks so does not count towards payments. The second instance of absence is longer than two continuous weeks and therefore the practice is eligible to apply for lower of actual invoiced costs or weekly maximum for the period 8-25 August, after the two week qualifying period for that instance of absence.

- GP E is absent **1 May 2017 – 1 January 2018** – two week qualification period so practice is eligible to apply for the lower of actual invoiced costs or weekly maximum for 25 weeks, from 15 May – 6 November. From then until 1 January the practice will be eligible for half of whatever was paid in the first period.
- GP F is absent **1 March 2017 – 1 March 2018** – the two week qualification period starts immediately so payments start on 1 April 2017. There are then 26 weeks at the lower of actual, invoiced costs or the weekly maximum. After 26 weeks, there are then 26 weeks at half of whatever amount was paid in the first payment period.