

# Focus on locum cover for sickness leave and maternity, adoption & paternity leave

## What has been agreed?

Welsh Government, on behalf of NHS Wales, has agreed with GPC Wales a number of changes to the arrangements for making payments for GP performers covering sickness leave in 2017/18. All practices are eligible to receive reimbursement for locum costs incurred when partners and employed GPs are absent for maternity or sickness leave. The detail can be found in the Statement of Financial Entitlements listed on the [Welsh Government's GMS Contract website](#).

The key change is to the qualifying criteria. Payments are no longer discretionary and cannot be applied on a pro-rata basis with regard to the working commitments of the absent GP. For sickness absence, reimbursement payments are no longer linked to the number of patients that the remaining doctors have to treat,

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

## 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

Further detail is provided below on both parental leave and sickness absence.

## Locum Reimbursement for maternity, adoption & paternity leave

### *When are practices eligible for reimbursement?*

When a salaried GP or GP partner is absent from the practice due to a period of parental leave (maternity/paternity/adoption) the practice is eligible to receive funding towards the cost of cover for that GP.

For the purposes of this the GP must be on leave for longer than one week and must be entitled to that leave either under statute, their contract of employment (in the case of salaried GPs), or the partnership agreement or other agreement between the partnership (for GP partners).

Cover for the absent GP can be provided by either an external locum or another GP already employed within the practice.



### *What payments are practices entitled to?*

Under the SFE practices are eligible to receive up to a maximum of £1,113.74 per week for the first two weeks and £1,734.18 per week thereafter. If the full cost of the locum is lower than these maximums then the practice will receive the invoiced amount.

Practices should submit costs incurred to their Health Board at an agreed frequency or within 14 days of the end of the month for which they are claiming reimbursement.

These payments will not be pro-rata'd in line with the working pattern of the absence GP.

### *What are the timescales?*

There are no timescales set out in the SFE for locum reimbursements for parental leave. We would expect such payments to be in line with the length of maternity leave.

## Locum reimbursement for sickness leave

### *When are practices eligible for reimbursement?*

When a salaried GP or GP partner is absent from the practice due to a period of sickness leave the practice is eligible to receive funding towards the cost of cover for that GP.

For the purposes of this the GP must be absent for longer than two weeks before reimbursement of costs will be paid.

There are no stipulations regarding the type of illness/injury and there are no medical exclusion criteria. The only requirement is that the GP who is absent because of sickness would be expected to provide a fit note.

Cover for the absent GP can be provided by either an external locum or another GP already employed within the practice.

### *What payments are practices entitled to?*

After the first two weeks of absence practices are eligible to receive up to a maximum of £1,734.18 per week. If the full cost of the locum is lower than this maximum then the practice will receive the invoiced amount.

Practices should submit costs incurred to their Health Board at the end of month in which they were incurred. Payment should then be made to the practice at the end of the same day that the practice receives its next Global Sum monthly payment.

These payments will not be pro-rata'd in line with the working pattern of the absence GP.

### *What are the timescales?*

Practices will be eligible to receive the full agreed amount for the first 26 weeks (6 months) of leave, followed by 26 weeks (6 months) at half that rate. The 52 weeks begin after the initial 2 week qualifying period.

Health Boards will take into account any previous costs claimed for the absent GP within the same time financial year when calculating the number of weeks for which further payment can be claimed.

For example, if a GP was on sick leave for 6 weeks during May/June and then had a further sickness rated absence in December, the 4 weeks of reimbursements claimed earlier in the year would be deducted from the 52 week annual total.

### *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. BMA Cymru Wales 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.

### *How will the changes apply?*

Below are some worked examples which help illustrate 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.