

# Primary medical care - policy and guidance manual

## Annex C: frequently asked questions

### General

#### 1. Who can provide cover – and can practices claim reimbursement?

Practices can choose to organise cover through the use of a locum, a salaried GP on a fixed-term contract, or from a GP already working in the practice. Commissioners will make payments on the same basis, for both sickness leave and parental leave reimbursement.

#### 2. Are all locum costs reimbursable?

Commissioners will reimburse practices for clinical sessions provided by GPs but not for miscellaneous expenses such as car parking fees, or lunch. Clinical sessions may include face to face appointments, telephone consultations, on call and home visits.

#### 3. Are there any restrictions where a GP already working in the practice provides the cover?

Yes. The GP(s) providing the cover must not be already working full time and can only provide cover to bring their weekly commitment up to full time. Commissioners will reimburse the costs of this additional cover (gross pay plus oncosts (NI and Employer superannuation)).

#### 4. Can practices claim reimbursement when salaried GPs are taking parental leave or sickness leave?

Yes. As long as the salaried GP is entitled to that leave of absence (either by law, as part of a partnership agreement or under their contract, as set out in the statement of financial entitlement [SFE]), the commissioner will reimburse practices on the same basis as it would do for absent contractor GPs.

#### 5. Does the general data protection regulation (GDPR) prevent practices sharing information about GPs with commissioners?

The only information required for the validation of practice claims is requested, in accordance with Paragraph 15.7 and 16.10 of the SFE. Practices should be assured that sharing this information will not breach GDPR. Data will be stored in accordance with information governance protocols.

## Sickness leave

### **6. Does the 2-week qualifying period count to each instance of sickness leave before reimbursement payments can be made?**

Yes. For each instance of sickness leave, the payments will only start once the period of sickness is 2 or more weeks. It is important to note that during the first 2 weeks of each instance of sickness leave, no payment is made and as such payments start from week 3 of the absence.

### **7. For how long will reimbursement payments be made?**

Reimbursement payments will only apply from week three of each instance of absence. From week 3, the payments will then be the lower of actual invoiced costs or weekly maximum amount for 26 weeks, followed by half of that amount for the next 26 weeks. The rolling aggregate period for counting leaves previously taken in order to determine what payment is due remains at 52 weeks.

### **8. 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 leave. 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 2 weeks on each occasion that a GP is absent
- the continuous 2-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

### **9. Is the practice entitled to locum reimbursement if the GP on sickness leave has private health insurance?**

Yes. The commissioner will not take into account GP's private health insurance payments in respect of the amount they pay to practices.

### **10. Is the practice entitled to locum reimbursement if the practice has insurance cover?**

Yes. The commissioner will not take into account GP practice insurance payments in respect of the reimbursable amount for locum claims.

### **11. Are there any long-term medical conditions that would prevent the practice from receiving reimbursement?**

There are no changes to the statement of financial entitlements with regard to what constitutes sickness leave.

### **12. What is a phased return to work?**

A phased return to work is an arrangement whereby an individual who has been away from work on sick leave returns to their full duties and working pattern gradually, over a defined period of time. Specific details will depend on medical circumstances and agreement between the individual and their employer/place of work.

### **13. Does NHS England support practices to allow GPs this opportunity?**

Yes. Individuals do not always need to be fully recovered to go back to work, and in fact, it can often help recovery to return to work. This is why the fit note allows doctors to make such recommendations and why this protocol outlines how commissioners should facilitate a safe return to work in these circumstances.

#### **Below are some worked examples of how the changes will apply**

- GP B is absent **3 April 2018 to 13 April 2018** – less than 2 weeks so no payment.
- GP C is absent **3 April 2018 to 26 April 2018** – 2-week qualification period, then practice is eligible to apply for lower of actual invoiced costs or weekly maximum for the period 17 to 26 April.
- GP D is absent **10 July 2018 to 19 July 2018**, then **25 July 2018 to 25 August 2018** – the first instance of absence is less than 2 continuous weeks so does not count towards payments. The second instance of absence is longer than 2 continuous weeks and therefore, the practice is eligible to apply for the lower of actual invoiced costs or weekly maximum for the period 8-25 August, after the 2-week qualifying period for that instance of absence.
- GP E is absent **1 May 2018 to 1 January 2019** – 2-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 to 6 November. From then until 1 January the practice will be eligible for half of whatever was paid in the first period.

## Worked examples relating to phased return or adjusted hours arrangements

- GP partner F is absent **3 April to 26 April** – 2-week qualification period, then practice is entitled to reimbursement for the lower of actual invoiced costs or weekly maximum for the period 17 to 26 April.

After 26 April the GP partner returns to work but with a fit note stating that he/she can work 3 of his/her regular 6 weekly sessions for the first 4 weeks. So, the practice is entitled to reimbursement for three sessions per week for those 4 weeks.

- Salaried GP G is absent **1 October to 30 November** – 2-week qualification period, so the practice is entitled to reimbursement for the lower of actual invoiced costs or weekly maximum for the period 15 October to 30 November.

After 30 November, the salaried GP returns to work but with a fit note stating that he/she can work 4 of his/her regular 7 sessions for the first 2 weeks, but must work Monday, Wednesday and Friday so that he/she is not working consecutive days.

He/she will not qualify for statutory sick pay during this time (because he/she is not off work for four consecutive days) and will not be paid his/her full salary, so the practice is not automatically entitled to reimbursement for the cost of cover.

However, the practice may claim reimbursement and, if the salaried GP is being fully paid for the sessions he/she does work, the commissioner should use its discretion to reimburse the practice. So, the practice should be reimbursed for three sessions per week for 2 weeks.

- GP performer H (salaried or partner) C is absent **9 January to 6 February** – 2-week qualification period, so the practice is entitled to reimbursement for the lower of actual invoiced costs or weekly maximum for the period 23 January to 6 February.

After 6 February, the GP performer returns to work and suggests working 4 of their regular 7 sessions for the first week.

The practice may not claim reimbursement as the phased return is not subject to a fit note recommendation and has been agreed at the employers/place of work's discretion.