The General Medical Services Contracts Statement of Financial Entitlement Directions 20131 (SFE) as amended in the SFE (amendment) Directions 2017 set out the provisions, conditions and payments relating to reimbursement to GP Practices for GP performers covering parental leave and sickness leave.

GP practices are entitled to claim reimbursement of the cost for providing GP performer cover when a GP performer is on parental leave or on sickness leave, providing the provisions of paragraphs 15.3, 15.4, 16.3 and 16.4 of the SFE are met.

The reimbursement of costs can be claimed where the cover is provided by:
  • a locum
  • a GP already working in the practice but who is not full-time (either employed or a partner)

Payments will not be made on a pro-rata basis having regard to the absent performer’s working pattern, and will be the lower of actual invoiced costs or maximum amount.

For the purposes of this process:
  • “parental leave” means ordinary or additional maternity leave, paternity leave, or ordinary or additional adoption leave
  • "full-time" means nine sessions of clinical work per working week
  • “working week” is defined as the core hours set out in the National Health Service (GMS Contracts) Regulations2: “the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays”

The commissioner will not make payments in respect of locum or GP performer cover outside of core hours.

**Parental Leave**

In respect of maternity leave or adoption leave where the GP performer going on leave is the main care provider, the maximum amount payable is:

  • £1,131.74 per week for each of the first two weeks, and then
  • £1,734.18 per week for each of weeks 3 to 26.

In respect of paternity leave or special leave (which is equivalent to the terms and duration of paternity leave) where the GP performer going on leave is not the main
care provider, the maximum amount payable is £1,131.74 per week for each of the first two weeks.

**Sickness Leave**

In respect of sickness leave, for each period of sickness absence, there is a qualifying period of two weeks during which time no payments are made.

After two weeks, payments start and the maximum amount payable is:

- £1,734.18 per week for each of weeks 3 to 28
- Thereafter, the maximum amount payable is £867.09 per week for each of weeks 29 to 54

As set out in the SFE, for weeks 29 to 54 the commissioner will pay half of whatever it determined was payable for weeks 3 to 28. The SFE also sets out a methodology for calculating these periods with respect to any payments made in the previous 52 weeks and that methodology continues to apply.

The changes are applied from 1 April 2017 to both new and ongoing periods of absence. So, 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. Please note that the period prior to 1 April 2017 will be processed in line with the previous applicable SFE Directions.

For each instance of sickness absence, the payments will only start once the period of sickness is more than two weeks, so payments will commence from week three of absence.

**Claims and Payments**

For parental leave, payments start from the day the GP performer goes on parental leave for the periods set out above and payment weeks are five working days.

For sickness leave, payments start two weeks from the day the GP performer goes on sick leave for the periods set out above and payment weeks are also five working days.

**Discretionary Powers in Respect of Cover for Parental and Sickness Leave**

The commissioner has discretion to make payments in circumstances where it is not obliged to under the terms of the SFE, including top-up payments above the level of the agreed weekly maximum.

The commissioner is likely to exercise these discretionary powers to make payments only in exceptional circumstances, for example (but not limited to) consideration of:

- demonstrable financial hardship
- areas of significant deprivation
• GP recruitment difficulties
• applications from single-handed GPs
• applications from nurse-led PMS practices

Where practices plan to apply for reimbursement in such circumstances they should always ensure they have written agreement from the commissioner prior to arranging cover.

**Circumstances where it is likely payments will be less than the maximum amount payable**

The commissioner will pay the maximum amount payable except in the following circumstances:

• Where actual invoiced costs are less than the maximum amount payable, then the commissioner will pay the actual invoiced costs subject to the provisions of this protocol including the bullet points below

• With respect to parental leave, where the commissioner agrees to make payments for any weeks between weeks 27 to 52 for cover for additional maternity leave or adoption leave, the commissioner will pay the lower of either 50 percent of the weekly rate it paid for weeks 3 to 26 or 50 percent of the actual invoiced costs

**Payments for locum cover provided by nurses or other healthcare professionals**

The commissioner will not pay for cover provided by nurses or other healthcare professionals.

**Payments to a partner or employee who is providing cover**

Where a contractor wishes to engage the services of a partner or shareholder in, or an employee of, that contractor, payments will be made to the GP practice in accordance with the normal provisions set out above. However, the GP performer providing cover would only be permitted to work up to the full-time limit of nine clinical sessions per working week. The maximum of nine clinical sessions per working week is to include any existing / normal commitments by the GP performer providing the cover.

**Discretionary payments in respect of long term sickness absence exceeding 52 weeks**

Where a GP performer is on long term sickness leave, and locum payments are no longer payable under Section 16 of the SFE, it will be at the commissioner’s discretion whether to continue to make payments.

In any case, those payments will not exceed the half rate payable in the second period of 26 weeks under paragraph 16.6(b) of the SFE, or the amount that would be
payable under the NHS Pension Scheme Regulations if the performer retired on ground of permanent incapacity, whichever is the lower.

**Locum Insurance**

The changes from 1 April 2017 are intended to support Practice in better managing the financial and workload implications for 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