

2019 No. 26

**THE NATIONAL HEALTH SERVICE (WALES) ACT
2006**

**Directions to Local Health Boards as to the Statement of
Financial Entitlements (Amendment) (No. 3) Directions 2019**

Made - - - -

29 August 2019

Coming into force in accordance with direction 1(3)

The Welsh Ministers in exercise of the powers conferred on them by sections 45, 203(9) and (10) and 204(1) of the National Health Service (Wales) Act 2006⁽¹⁾, and after consulting in accordance with section 45(4) of that Act with the bodies appearing to them to be representative of persons to whose remuneration these Directions relate, give the following Directions:

Title, application and commencement

1.—(1) The title of these Directions is the Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2019.

(2) These Directions are given to Local Health Boards.

(3) These Directions are made on 29 August 2019 and come into force on 30 August 2019.

Amendments to the Statement of Financial Entitlements

2. The Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013⁽²⁾ which came into force on 11 June 2013, as amended by the Directions listed in Annex J at Schedule 1 to these Directions, are further amended.

Amendment of Part 1, Section 2 – Global Sum Payments

3. In paragraph 2.14(b) for “Exeter Registration System” substitute “Primary Care Registration System administered by NHS Digital”.

Amendment of Part 1, Section 3 – Minimum Practice Income Guarantee

4. In footnote (a) of paragraph 3.1 after “2005” and before “.” insert “which were subsequently repealed by the Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013”.

Amendment of Part 3, Section 7 - Childhood Immunisations

5. In paragraph 7.20, for “64” in each place where it appears, substitute “65”.

(1) 2006 (c.42).

(2) Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 (2013 No.8).

Amendment of Part 4, Section 10 – Shingles Immunisation Programme

6. For paragraph 10.2 substitute—

“**10.2.** The LHB must pay to the contractor who qualifies for the payment, a payment of £10.03 in respect of each registered patient of the contractor who, during a financial year—

- (a) received the Shingles vaccine; and
- (b) had attained the age of 70 years on or after 1 September 2013 but had not yet attained the age of 80 (the Target Age Group).”

Amendment of Part 4, Section 11 – Payments for Locums or Salaried GPs on a Fixed Term Contract or GP Performer covering Maternity, Paternity and Adoption Leave

7.—(1) In the heading for “**AND ADOPTION LEAVE**” substitute “, **ADOPTION LEAVE AND SHARED PARENTAL LEAVE**”.

(2) In paragraph 11.1 for “and parental leave” substitute “, parental leave and shared parental leave”.

(3) In paragraph 11.2(b)—

- (a) after “maternity” insert “leave”;
- (b) after “paternity leave” insert “,” and omit “or”; and
- (c) after “additional adoption leave” insert “or shared parental leave,”.

(4) After paragraph 11.2—

- (a) insert the heading “Locums”; and
- (b) after the heading “Locums” insert—

“**11.2A.** For the purposes of Section 11 “locum” means a Locum practitioner sourced from the All Wales Locum Register, unless when involving internal cover arrangements or in exceptional circumstances, with the agreement of the Local Health Board, where there are no available locums on the register.”.

(5) In the heading to paragraph 11.3 after “ordinary adoption leave” insert “, shared parental leave”.

(6) After paragraph 11.3(b) insert “(bb) shared parental leave;”.

(7) In the heading to 11.3A for “ and additional adoption leave” substitute “, additional adoption leave or shared parental leave”.

(8) At the end of paragraph 11.3A.(1)(a) omit “and”.

(9) At the end of paragraph 11.3A.(1)(b) for “,” substitute “; and”.

(10) After 11.3A.(1)(b) insert “(c) shared parental leave,”.

(11) In paragraph 11.7 after sub-paragraph (c) insert—

“(ca) if the leave of absence is for shared parental leave, the contractor must supply the LHB with a certificate as used for the purposes of confirming the GP performer’s eligibility for shared parental leave or a letter written by the GP performer providing comparable information and countersigned by the practice;”.

Amendment of Part 4, Section 12 – Payments for Locums or Salaried GPs on a Fixed Term Contract or GP Performers covering Sickness Leave

8.—(1) After paragraph 12.2—

- (a) insert the heading “Locums”; and

(b) after the heading “Locums” insert—

“**12.2A.** For the purposes of Section 12 “locum” means a Locum practitioner sourced from the All Wales Locum Register, unless when involving internal cover arrangements or in exceptional circumstances, with the agreement of the Local Health Board, where there are no available locums on the register.”.

(2) In paragraph 12.3(1) after “sickness leave” insert “, a phased return to work or adjusted hours,”.

(3) After paragraph 12.3—

(a) insert the heading “Discretionary payments for cover of an employed GP on a phased return to work or adjusted hours”; and

(b) after the heading “Discretionary payments for cover of an employed GP on a phased return to work or adjusted hours” insert—

“**12.3ZA.** Where the requirements of paragraph 12.3(2)(a) are not met the LHB may make payments in the following circumstances—

(a) the employed GP performer’s phased return arrangement directly follows sickness absence leave which attracted a locum payment under Section 12;

(b) where the phased return or adjusted hours arrangement has been advised under a Statement of Fitness for Work (and for the period only that Statement of Fitness for Work covers or advises); and

(c) where the contractor is paying the employed GP performer their full salary in respect of their phased return or adjusted hours arrangement, for example taking account of both working and sickness absence days/sessions.”.

(4) In paragraph 12.10(b) for “medical certificates” substitute “a Statement of Fitness for Work”.

Amendment of Part 4, Section 13 – Payments for Locums to Cover Suspended Doctors

9. After paragraph 13.2—

(a) insert the heading “Locum Practitioners”; and

(b) after the heading “Locums” insert—

“**13.2A.** For the purposes of Section 13 “locum” means a Locum practitioner sourced from the All Wales Locum Register, unless when involving internal cover arrangements or in exceptional circumstances, with the agreement of the Local Health Board, where there are no available locums on the register.”.

Amendment of Part 4, Section 14 – Payments in Respect of Prolonged Study Leave

10. After paragraph 14.1—

(a) insert the heading “Locums”; and

(b) after the heading “Locums” insert—

“**14.1A.** For the purposes of Section 14 “locum” means a Locum practitioner sourced from the All Wales Locum Register, unless when involving internal cover arrangements or in exceptional circumstances, with the agreement of the Local Health Board, where there are no available locums on the register.”.

Amendment of Part 4, Section 16 – Doctors’ Retainer Scheme

11. For paragraph 16.1 substitute—

“**16.1** This is an established Scheme designed to keep doctors who are not working in general practice in touch with general practice.

16.1A. This Scheme is closed to new members from 30 August 2019.

16.1B. Those doctors who are currently members of this scheme will transfer to new GP Retention Scheme set out in section 16A from 1 April 2020.

Insertion of new Section 16A – GP Retention Scheme

12. After Section 16: Doctors’ Retainer Scheme, insert—

“Section 16A: GP RETENTION SCHEME

General

16A.1. This Scheme is a package of financial and educational support designed to help keep doctors working in general practice.

16A.2. This Scheme applies to doctors who are entered in—

- (a) the register of medical practitioners kept by the General Medical Council under section 2 of the Medical Act 1983(1) (registration of medical practitioners) and who hold a license to practise; and
- (b) the medical performers list which the Local Health Board is required to prepare, maintain and publish under regulation 3 of the National Health Service (Performers Lists) (Wales) Regulations 2004(2),

and where paragraphs 3 and 4 apply to that doctor.

16A.3. This paragraph applies where a doctor to whom this Scheme applies has left, or is considering leaving, general practice—

- (a) because that doctor—
 - (i) is approaching retirement, or
 - (ii) requires greater flexibility to undertake other work within general practice or otherwise; or
- (b) for such other reasons related to the personal circumstances of that doctor as the Local Health Board considers to be acceptable for the purposes of this Scheme.

16A.4. This paragraph applies where a doctor to whom this Scheme applies—

- (a) is not able to undertake a regular part-time role; and
- (b) there is a need for additional educational supervision.

16A.5. If a doctor has not worked for over two years, an application to the GP Induction and Refresher scheme would be appropriate.

Payments in respect of sessions under the Scheme

16A.6. Subject to paragraph 16A.7, where—

- (a) a contractor who the Local Health Board considers is a suitable employer of members of the Scheme employs or engages a member of the GP Retention Scheme; and
- (b) the service sessions for which the member of the GP Retention Scheme is employed or engaged by the contractor are identified by the applicant and arranged and approved by Health Education and Improvement Wales,

(1) 1983 c.54. Section 2 was amended by S.I. 2002/3135, S.I. 2006/1914, S.I. 2007/3101, S.I. 2008/1774 and S.I. 2014/1101.

(2) S.I. 2004/1020 (W. 117)

the Local Health Board must pay to that contractor under its GMS contract £76.92 in respect of each full session that the member of the GP Retention Scheme undertakes for the contractor in any week, up to a maximum of four sessions per week on average (additional sessions can only be worked with prior permission from Health Education and Improvement Wales).

Provisions in respect of leave arrangement

16A.7. The Local Health Board must pay to the contractor under its GMS contract any payment payable under paragraph 16A.6 in respect of any session which a member of the GP Retention Scheme is employed or engaged to undertake but which the member does not undertake because they are absent on leave related to—

- (a) annual holiday up to a maximum number of sessions annually equivalent to 6 weeks' worth of arranged sessions for the member of the GP Retention Scheme;
- (b) maternity, paternity adoption or shared parental leave, in accordance with the circumstances and for the periods referred to in Section 11 (payments for locums or salaried GPs on a fixed term contract or GP performer covering maternity, paternity, adoption leave and shared parental leave);
- (c) parental leave, in accordance with statutory entitlements (except that the normal statutory qualifying period of one year's service with the contractor does not apply);
- (d) sickness for a reasonable period as agreed by the contractor and the Local Health Board;
- (e) an emergency involving a dependent, in accordance with employment law and any guidance issued by the Department for Business, Energy and Industrial Strategy; and
- (f) other pressing personal or family reasons where the contractor and the Local Health Board agree that the absence of the member of the GP Retention Scheme is necessary and unavoidable.

Payment conditions

16A.8. Payments under this Section are to fall due at the end of the month in which the session to which the payment relates takes place. However, the payments, or any part of the payments, are only payable if the contractor satisfies the following conditions—

- (a) the contractor must inform the Local Health Board of any change to the member of the GP Retention Scheme's working arrangements that may affect the contractor's entitlement to a payment under this Scheme;
- (b) the contractor must inform the Local Health Board of any absence on leave of the member of the GP Retention Scheme and of the reason for such absence;
- (c) in the case of any absence on leave in respect of which there are any matters to be agreed between the contractor and the Local Health Board in accordance with paragraph 16A.7 above, the contractor must make available to the Local Health Board any information which the Local Health Board does not have but needs, and which the contractor either has or could reasonably be expected to obtain, in order to form an opinion in respect of any matters which are to be agreed between the contractor and the Local Health Board;
- (d) the contractor must inform the Local Health Board if the doctor in respect of whom the payment is made ceases to be a member of the GP Retention Scheme.

16A.9. If a contractor breaches any of the conditions in paragraph 8, the Local Health Board may, in appropriate circumstances, withhold payment of all or any part of any payment otherwise payable under this Section.

Professional expenses supplement annual payment

16A.10. The Local Health Board must pay to an eligible contractor under its GMS contract an annual lump sum payment under the GP Retention Scheme in respect of a professional expenses supplement of any doctor who becomes a member of the Scheme in respect of any employment with or engagement by the contractor.

16A.11. For the purposes of this paragraph, an “eligible contractor” is a contractor to whom paragraph 6 (payments in respect of sessions undertaken by members of the Scheme) applies.

16A.12. The professional expenses supplement is to be calculated by the Local Health Board by reference to the number of sessions which a doctor described in paragraph 10 is contracted to perform for the contractor in each week, up to a maximum of four sessions per week, on the following basis, depending on whether the doctor is contracted to perform an annualised number of sessions, or a number of sessions per week:

<i>Number of sessions per week</i>	<i>Annualised sessions⁽¹⁾</i>	<i>Amount of professional expenses supplement per annum</i>
1-2	Fewer than 104	£1000
2	104	£2000
3	156	£3000
4(+)	208(+)	£4000

16A.13. Subject to paragraph 14, the Local Health Board must pay to the contractor the professional expenses supplement—

- (a) on the date on which the doctor becomes a member of the GP Retention Scheme; and
- (b) on the anniversary of that date in each subsequent year in respect of which the payment is due.

16A.14. The Local Health Board must not pay a professional expenses supplement in respect of any doctor where an eligible contractor has not provided sufficient information to the Local Health Board about the number of sessions per week for which that doctor is employed or engaged by the contractor.

16A.15. Where the Local Health Board pays a professional expenses supplement to an eligible contractor in respect of a doctor, the contractor must pass on the payment to that doctor, net of any applicable deductions payable by that doctor in respect of income tax and national insurance contributions, within one calendar month from the date on which the contractor received the payment on the understanding that the payment is to be applied towards meeting the cost of the doctor’s professional indemnity cover, continuing professional education requirements and other professional expenses.”.

Amendment of Part 5, Section 19 – Administrative Provisions

13.—(1) At the end of paragraph 19.16(e) omit “and”.

(2) After paragraph 19.16(e) insert—

“(ea) how they are likely to exercise their discretionary powers to make payments in the circumstances outlined in paragraph 12.3ZA; and”.

(1) “Annualised sessions” are the number of sessions per week which a performer is contracted to work for a contractor averaged out over the period of a year. They include any sessions which a member of the GP Retention Scheme is employed or engaged by the contractor to undertake but which the member does not actually undertake because it falls on a statutory holiday or because the member is absent by reason of annual leave or any requirement to undertake continuing professional development.

(3) In paragraphs 19.18, 19.19(a), 19.19(b) and 19.19(c) for “Exeter Registration System” substitute “Primary Care Registration System administered by NHS Digital”.

Amendment of Annex A – Glossary – Part 1 – Acronyms

14. Before the acronym for “CFMP” insert “AWLR – All Wales Locum Register”.

Amendment of Annex A – Glossary – Part 2 – Definitions

15.—(1) In the definition for “Contractor Registered Population” for “Exeter Registration System” substitute “Primary Care Registration System administered by NHS Digital”.

(2) In the definition for “Dispensary Services Quality Payment” for “16” substitute “18”.

(3) In the definition for “Dispensary Services Quality Scheme” for “16” substitute “18”.

(4) In the definition for “The National Average of Registered Patients (NARP)” for “Exeter Registration System” substitute “Primary Care Registration System administered by NHS Digital”.

Amendment of Annex B – Global Sum

16. In B.19. for “Exeter System” substitute “Primary Care Registration System administered by NHS Digital”.

Amendment of Annex G – Dispensing Payments

17.—(1) In Part 2 of Annex G omit—

(a) the text “To apply from 1 October 2018 up to and including 31 March 2019”; and

(b) the first table.

(2) In Part 3 of Annex G omit—

(a) the text “To apply from 1 October 2018 up to and including 31 March 2019”; and

(b) the first table.

Amendment of Annex J – Amendments

18. For “ANNEX J – AMENDMENTS” substitute Schedule 1 “ANNEX J – AMENDMENTS”.



Signed by Alex Slade, Acting Deputy Director, Primary Care Division under the authority of the Minister for Health and Social Services, one of the Welsh Ministers

Date: 29 August 2019

SCHEDULE 1

ANNEX J - AMENDMENTS

Amendments to the Directions to Local Health Boards as to the Statement of Financial Entitlements Directions 2013 which came into force on 11 June 2013

- (a) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2013 (2013 No.60), which were made on 30 September 2013;
- (b) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2014 (2014 No.3), which were made on 16 June 2014;
- (c) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2014 (2014 No.17), which were made on 27 June 2014;
- (d) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2014 (2014 No.24), which were made on 30 September 2014;
- (e) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2015 (2015 No.7), which were made on 31 March 2015;
- (f) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 2) Directions 2015 (2015 No.14), which were made on 01 April 2015;
- (g) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 3) Directions 2015 (2015 No.15), which were made on 20 April 2015;
- (h) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment No 4) Directions 2015 (2015 No.19), which were made on 25 June 2015;
- (i) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.5) Directions 2015, which were made on 30 September 2015;
- (j) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2016, which were made on 30 March 2016;
- (k) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2016, which were made on 11 April 2016;
- (l) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2016, which were made on 13 July 2016;
- (m) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2016 (2016 No.19), which were made on 16 August 2016;
- (n) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.5) Directions 2016 which were made on 15 December 2016;
- (o) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 6) Directions 2017 which were made on 31 January 2017;
- (p) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2017 which were made on 27 April 2017;
- (q) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.2) Directions 2017 which were made on 9 August 2017;
- (r) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No.3) Directions 2017 which were made on the 28 September 2017;
- (s) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2018 which were made on the 14 June 2018;

- (t) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2018 which were made on 19 November 2018;
- (u) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2019 which were made on 29 March 2019;
- (v) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2019 which were made on 28 June 2019; and
- (w) The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 3) Directions 2019 which were made on 29 August 2019.