

Non-GP Partnership Premium Scheme

Guidance for the GMS Contract

2021/22

Introduction

The existing GP Partnership Premium Scheme was established in October 2019 as a means of incentivising newer GPs to take up partner roles in order to support the sustainability of services.

As part of the 2021/22 GMS contract agreement, it was agreed that a new funded Partnership Premium Scheme for non-GP partners will be introduced, in recognition of the vital role these clinical and non-clinical staff play in the sustainability of GMS.

This scheme will be rolled out in phases.

Phase 1 will include all current non-GP partners in Wales – with effect from 1 April 2021 and will be open to those individuals with a signed partner agreement in place prior to 1 April 2021.

Applicants will be able to claim for payments from the 1 April 2021.

Phase 2, subject to evaluation of Phase 1 and future funding agreements, will launch in April 2022. This will extend this to eligible staff who enter into a new partnership arrangement at any point after 1st April 2021.

Applicants would be able to claim for payments from the quarter in which they have signed the agreement.

Eligibility

Health Care Professionals

- Applications to join the scheme, are invited from a list of registered healthcare professional roles, working in general practice, delivering GMS services under a GMS or APMS contract. This includes, but is not limited to, nurses and pharmacists.
- The eligible list of professionals who can apply to the scheme is: Nurse (including ANP), Pharmacist, Pharmacist Technician, Physiotherapist, Paramedic, Midwife, Dietician, Podiatrist, Occupational Therapist, Mental Health Practitioner, and Physician Associate.
- The role of 'Partner' must meet the description as in the Partnership Act of 1890, meaning applicants to this scheme cannot be employed on a salaried basis and must have an equity share partnership arrangements in place.
- Applicants must have commenced in an equity share partnership before 1 April 2021.
- The applicant cannot be employed on a salaried basis within the same practice.
- Applicants must deliver a minimum of four clinical sessions per week, equivalent to 16hrs 40 mins, based on a clinical session being 4hr 10mins

each, in their general practice partnership setting in order to be eligible for the scheme.

Non-healthcare professionals

- The scheme is also open to applications from non-healthcare professionals, including Practice Managers, working in general practice.
- The role of 'Partner' must meet the description as in the Partnership Act of 1890, meaning applicants to this scheme cannot be employed on a salaried basis and must have an equity share partnership arrangement in place.
- Applicants must have commenced in an equity share partnership before 1 April 2021.
- The applicant cannot be employed on a salaried basis within the same practice.
- Applicants must work a minimum of 16hrs 40mins (equating to four clinical sessions at 4hrs 10mins each) in their general practice setting in order to be eligible for entry to the scheme.

Payment

Under the existing GP Partnership Premium Scheme, GP partners are eligible to receive £1,000 per clinical session up to a maximum of 8 clinical sessions per week. Therefore, a maximum of £8,000 per year is payable.

The scheme also includes a senior premium, under which non-clinical partners with 16 years or more service will receive an additional £200 per clinical session (up to the maximum of 8 sessions per week).

The payment structure is as follows: with clinical sessions equated to 4 hours and 10 minutes:

Clinical Sessions Delivered or Equivalent Contracted Hours ("Session")	Payment
4 sessions / 16hrs 40mins	£4,000 per annum
5 sessions / 20hrs 50mins	£5,000 per annum
6 sessions / 25hrs	£6,000 per annum
7 sessions / 29hrs 10 mins	£7,000 per annum
8 sessions / 33hrs 20mins	£8,000 per annum

Annual leave up to a maximum of 6 weeks pro rata per annum (excluding bank holidays) qualifies for the payment. Sessions will be based on the average number of sessions undertaken in the previous quarter. A maximum of 2 session per day.

Sickness absence is included, sessions for this purpose will be based on the average number of clinical sessions undertaken in the previous quarter.

Maternity Leave, paternity leave, adoption leave and shared parental leave are

included and sessions for these purposes will be based on the average number of sessions undertaken in the previous quarter.

Payments for the Non-GP Partnership Premium Scheme will be made quarterly, and will be subject to superannuation if applicable. The payment will then be made on a pro rata basis according to number of sessions held, with the payment based on the average number of sessions for the quarter.

For example, if 8 sessions are worked every week in April, 6 in May and then 8 in June, the average number of sessions worked for the quarter is 7.33. This would equate to a quarterly payment of £1,833.25.

Average number of sessions = 7.33 would mean an annual premium of £7,333.

Quarterly payment based on £7,333 = £1833.25 per quarter

Our long term aim is for the information to be collated through the WNWRS and so GP partners will be required to update the WNWRS to ensure that an accurate record of clinical sessions is available to SSP in order for payments to be released.

Payments will be made as follows:

Quarter 1 – June

Quarter 2 – September

Quarter 3 – December

Quarter 4 – March

Those wishing to participate in the scheme will need to complete, an application form which can be found at Annex A.

To ensure the Non-GP Partnership Premium Scheme continues to develop, its effectiveness will be reviewed periodically, and adjustments will be made where needed.

The application and claims process mirror those of the existing GP scheme. Funds will be released quarterly to practices as is the case of the existing GP Partner Scheme.

Applicants will need a signed Partnership Agreement to support their application.

The Partnership Premium Scheme will be subject to post payment verification.

A copy of the quarterly claim form is available at Annex B