Partnership Premium

Guidance for the GMS Contract Wales

2019/20

1. Introduction

- 1.1 An increasing GP workload, coupled with GP recruitment and retention challenges across the UK, including Wales, continues to place pressure on the delivery of General Medical Services.
- 1.2 The Welsh Government has therefore recognised that more fundamental reform of the GP contract needs to be considered in order to address the current challenges, and to facilitate better access to services for the public. One of the key priorities of the reform agenda is the recruitment, retention and diversification of the workforce.
- 1.3 Through the 2019-20 GMS contract, a Partnership Premium Scheme has been introduced to rebalance the focus on partnership as an attractive career option.
- 1.4 This guidance introduces the new Partnership Premium Scheme, which will sit alongside the Seniority Payment Scheme. This will make incentive payments available to all GP partners. GPs can choose between the two schemes, or migrate to the new scheme at a future date. Once migrated, GPs will not be able to revert to the Seniority Payment Scheme.

2. Background

- 2.1 GPs in Wales currently receive a financial incentive that rewards years of service through seniority payments. However, there is evidence of a growing workforce shift away from partnership working which does not support the Independent Contractor Model. To combat this through the GMS Contract Reform agenda we will initially retain the current scheme and introduce an alternative the Partnership Premium Scheme.
- 2.2 The Partnership Premium Scheme aims to incentivise GPs to take on substantive partnership roles, whilst ensuring the retention of senior GPs in the workforce. Making partnership an attractive proposition is a shared priority for Welsh Government, the General Practitioners Committee for Wales (GPCW) and health boards (HBs).
- 2.3 The latest Statistical Release ¹on GPs in Wales, published in March 2019, highlighted that there were 1,964 GPs in Wales undertaking either partnership or salaried roles, and with an additional 778 registered as GP Locums. This data backs up anecdotal evidence that tells of a growing preference amongst the general practice workforce towards locum sessional work and away from partnership roles.
- 2.4 A GP survey undertaken by Wessex LMC in 2018 ²found that the locum role was perceived as offering more flexibility, greater control of workload and less risk than the partnership role. Furthermore, the recruitment of locum GPs in practices which are unable to substantively recruit is of concern, as growth in the locum

¹ https://gov.wales/sites/default/files/statistics-and-research/2019-03/general-medical-practitioners-as-at-30-september-2018-354_0.pdf

https://s3.eu-west-l.amazonaws.com/files.mylmc.co.uk/websitefiles/l/7667/GP%20Workforce%20Survey%202018.pdf?X-Amz-Expires=600&X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz-Credential=AKIAJVI6P7KHDNQ6UXDQ/20190904/eu-west-l/s3/aws4_request&X-Amz-Date=20190904T0755512&X-Amz-SignedHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-SignetHeaders=host&X-Amz-Si

workforce will be at the cost of stability and continuity of care in practices

2.5 Welsh Health Circular (2003)111 was issued on 20 October 2003, detailing amendments to the Statement of Fees and Allowances (SFA) for 2003-2004³.

3. Current position - The Seniority Payments Scheme

- 3.1 The Seniority Payments Scheme was reviewed and re-introduced in 2004 as part of the GMS contract. The scheme was designed to reward years of service and retain the workforce. The latest available data shows that 1,361 GPs currently receive a Seniority Payment.
- 3.2 Under the existing arrangements, payments are made to practices based on the individual GP's experience and length of service.
- 3.3 The payments are subject to eligibility criteria, including service in an eligible post (GP Provider) for a minimum of 2 years, reckonable service (minimum 6 years), and earnings in comparison to the published Interim Seniority Figure (ISF), with GPs required to submit a certificate of pensionable profits on an annual basis. Salaried GPs (whether paid by the practice or the LHB) are **not** eligible for seniority payments.
- 3.4 A GP's seniority payment therefore depends on two factors: their superannuable income fraction (the GP's NHS profits / average superannuable income, excluding seniority) and their number of years of reckonable service (minimum 6 years). GP partners earning over two thirds of the Interim Seniority Factor (ISF) will receive 100% of their entitled seniority payment (determined by their number of years of service). GPs earning between one third and two thirds of the average receive 60% of the seniority entitlement; those earning less than one third of the average receive no seniority payment.
- 3.5 The ISF is used to calculate seniority payments on account until the Final Seniority Figure (FSF) is confirmed. This means that adjustments will need to be made which may occur long after the payment has been received, and potentially after the GP in question has left the practice or has retired.
- 3.6 In instances of retirement, a GP will be eligible for a seniority payment from the date on which the GP returns as a GP partner. The payment will be at the same level as that which the GP received immediately prior to the break, provided the GP satisfies the eligibility criteria.

4. The Partnership Premium

4.1 Unlike seniority payments, the new partnership premium is not based on years of service. Instead, it is available to all GPs who hold a partnership, irrespective of length of service. The amount of partnership premium payable is linked to the GP partner's sessional commitment. This is a substantial shift in focus to incentivising new and existing partners to take up partnership roles, and holds

³ http://www.wales.nhs.uk/documents/whc-2003-III-e.pdf

significant benefit for those partners who are early in their career.

- 4.2 The new scheme will provide an annual payment of £1,000 per clinical session (for up to a maximum of 8 sessions per week) to every GP partner in Wales who opts to participate in the scheme.
- 4.3 The scheme also includes a senior premium, under which GP partners with 16 years or more service will receive an additional £200 per clinical session (up to the maximum of 8 sessions per week).
- 4.4 A clinical session is defined as 4 hours 10 minutes and will usually consist of patient contact (which might be via phone at the premises) plus time for correspondence, test follow up and other administrative tasks involved in patient care; a session may also include time spent on Undergraduate or Post graduate medical teaching, attending cluster meetings on behalf of the practice, mandatory training as well as attendance at coroners courts.
- 4.5 Clinical sessions **do not include** time spent on locum work or any work undertaken outside of the normal business of the practice.
- 4.6 There is a maximum limit of 2 sessions a day with a typical week consisting of 8 sessions.
- 4.7 Annual leave up to a maximum of 6 weeks pro rata per annum (excluding bank holidays) qualifies for the payment. Clinical sessions will be based on the average number of clinical sessions undertaken by that GP in the previous quarter.
- 4.8 Sickness absence is included and clinical sessions for this purpose will be based on the average number of clinical sessions undertaken by that GP in the previous quarter.
- 4.9 Maternity Leave, paternity leave, adoption leave and shared parental leave are included and clinical sessions for these purposes will be based on the average number of clinical sessions undertaken by that GP in the previous quarter.
- 4.10 The data on the number of clinical sessions worked will be collated by Shared Services Partnership (SSP) on a quarterly basis. We envisage this information will, in the longer term be derived from the clinical session data captured from the Wales National Workforce Reporting System (WNWRS). As an interim measure, however, a claim form has been developed to capture the required data in order to ensure the information is appropriate for the introduction of the scheme.
- 4.11 Payments for the Partnership Premium Scheme will be made quarterly, and, as with the Seniority Payment Scheme, will be subject to superannuation. The payment is, however, not linked to reckonable service apart from those eligible for the senior premium⁴ as detailed in paragraph 4.3, and all GP partners in Wales, regardless of length of service, will be eligible to receive the partnership premium, effective as of 1 October 2019. GPs can choose between the two schemes or migrate to the new scheme at a future date. Once migrated, GPs will not be able to revert to the Seniority Payment Scheme.

⁴ Data on length of service will be captured through the application form for the scheme as outlined at Annex

4.12 As detailed above, the data will be collated by SSP on a quarterly basis. The payment will then be made on a pro rata basis according to number of clinical sessions held, with the payment based on the average number of clinical sessions for the quarter. For example, if a GP partner works 8 clinical sessions every week in April, 6 in May and then 8 in June, the average number of clinical sessions worked for the quarter is 7.33. This would equate to a quarterly payment of £1,833.25.

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

Quarterly payment based on £7,333 = £1,833.25 per quarter.

4.13 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

- 4.14 Those wishing to participate in the scheme will need to complete, an application form. An example of the application form can be found at Annex 3 to this guidance.
- 4.15 To ensure the Partnership Premium Scheme continues to develop, its effectiveness will be reviewed periodically, and adjustments will be made where needed.

5. Making the Choice

- 4.16 We recognise that some GP partners will wish to remain on the Seniority Payments Scheme. For those who already on the Seniority Payment Scheme and wish to remain so, no changes will be made to how this scheme is administered. No definitive end date for this scheme is currently being considered.
- 4.17 The new Partnership Premium Scheme will initially sit alongside the existing Seniority Payments Scheme. However, from 1 October 2019, the Seniority Payment Scheme will be closed to new participants. Therefore, all newly qualified GPs partners will only be eligible to join the Partnership Premium Scheme.
- 4.18 GP partners currently within the Seniority Payment Scheme are able to choose between opting into the new Partnership Premium Scheme or continuing on the current Seniority Payment Scheme. Those currently on the Seniority Payments Scheme and who wish to migrate to the Partnership Premium Scheme will be eligible to do so at a future date. However, once migrated to the new Partnership Premium Scheme, GPs will not be eligible to revert back to the Seniority Payments Scheme.
- 4.19 The Partnership Premium Scheme will be subject to post payment verification,

as is the case for the current Seniority Payment Scheme.

- 4.20 A comparison of the payments available for both schemes is detailed at Annex 1.
- 4.21 A copy of the choice form is available at Annex 2.

6. Completion of application form

- 4.22To apply for the Partnership Premium Scheme, GP partners will be required to complete an application form. For those who wish to remain in the seniority scheme, there is no requirement to reapply to remain in the scheme. GP partners will simply need to confirm their decision to SSP to allow systems to be updated.
- 4.23 A copy of the application is at Annex 3.
- 4.24 A copy of the quarterly claim form is available at Annex 4.

Annex 1

Comparison between Partnership Premium payments (based on 4 and 8 clinical sessions per week) and Seniority Payments

The table below illustrates how payments to a GP partner working an average of 4 (part time) and 8 (full time) clinical sessions per week compare to the Seniority Payment Scheme.

Partnership Premium Scheme	Payment for 4 sessions (part time) per week	Payment for 8 sessions (full time) per week	Seniority Payment Scheme	Payment	Seniority Payment Scheme	Payment
New GP partner working an average of 4 or 8 clinical sessions per week.	£4,000	£8,000	New GP partner	No payment for first 6 years.	New GP partner	No payment for first 6 years.
GP partner working an average of 4 or 8 clinical sessions per week with 10 years of reckonable service.	£4,000	£8,000	Average GP with earnings between 1/3 – 2/3 of the FSF (60% payment) with 10 years of reckonable service	£566	Average GP with earnings above 2/3 of the FSF (100% payment) with 10 years of reckonable service	£944
GP partner working an average of 4 or 8 clinical sessions per week with 15	£4,000	£8,000	Average GP with earnings between 1/3 – 2/3 of the FSF (60% payment) with 15 years of	£986	Average GP with earnings above 2/3 of the FSF (100% payment) with 15 years of reckonable service	£1,664

years of reckonable			reckonable service			
service. GP partner			Average GP with		Average GP with	
eligible for Senior Premium, working an average of 4 or 8 clinical sessions per week with 20 years of reckonable service	£4,800	£9,600	earnings between 1/3 – 2/3 of the FSF (60% payment) with 20 years of reckonable service	£2,798	earnings above 2/3 of the FSF (100% payment) with 20 years of reckonable service	£4,663
GP partner eligible for Senior Premium, working an average of 4 or 8 clinical sessions per week with 25 years of reckonable service	£4,800	£9,600	Average GP with earnings between 1/3 – 2/3 of the FSF (60% payment) with 25 years of reckonable service	£4,448	Average GP with earnings above 2/3 of the FSF (100% payment) with 25 years of reckonable service	£7,414
GP partner eligible for Senior Premium,	£4,800	£9,600	Average GP with earnings between 1/3 – 2/3 of the FSF (60%	£5,215	Average GP With Earnings above 2/3 of the FSF (100% Payment)	£8,692

working an	paym	nent) with 30	with 30 years	
average of 4 or	years	s of	reckonable service	
8 clinical	recko	onable		
sessions per	servi	ce		
week with 30				
years of				
reckonable				
service				

Annex 2 – NWSSP Choice Form

PERSONAL DETAILS

Name:		
Practice Address:		
Preferred e-mail:	@wales.nhs.uk	
Practice W-code:	W	
Date of Birth:	D M M Y Y Y	
GMC Registration No:		
Responsible LHB:	Please select	
Status on the Medical	Performers List: Please select	
CURR	RENT STATUS AND PREFERRED OPTION	
Are you currently re Wales?	eceiving payments in accordance with the Seniority Scheme in Yes □ (go to 0 No □ (go to 0	
Is it your intention to Scheme?	o continue to receive payments in accordance with the Seniority Yes □ (go to 0 No □ (go to 0	Q4)

3. Is it your intention to apply for Pa	rtnership Premium Payments?	Yes ☐ (go to Q6) No ☐ (go to Q7)
	out of the Seniority Scheme. I understa will not be eligible for payments in acco	
Premium Scheme. This is subject	the Seniority Scheme and opt into the Fort to the completion and submission of I ce I have opted out of the Seniority Scheme.	Form PPF2
I confirm that I wish to opt into the completion and submission of Fo	e Partnership Premium Scheme. This i orm PPF1 and PPF2 (attached).	s subject to the □
7. I confirm I do not wish to opt in to	the Partnership Premium Scheme at the	ne current time. □
Please sign and date to confirm you	r preferred option as set out above.	
Signed	Date Click or tap to enter a date.	
Please submit completed forms to:	nwssp-primarycareservices@w	rales.nhs.uk
Alternatively, return by post to:	Contracts Management (PPP)	
	NHS Wales Shared Services Partners	ship
	1 st Floor, Cwmbran House	
	Mamhilad Park Estate	
	Pontypool	
	NP4 0XS	
	OFFICIAL USE ONLY	
Received on:	By:	
MPL updated on:	Ву:	

K:\Services\Contracts Management\General Departmental Information\(Pontypool) Departmental Filing\Agendas & Minutes\Partnership Premium Payment\Partnership Premium Options Form v1.docx

Annex 3 – NWSSP Partnership Premium Application Form

Part 1: PERSONAL DETAILS
Name:
Practice Address:
E-mail: @wales.nhs.uk
Practice W-code: W
Date of Birth: D D M M Y Y Y Y
Superannuation No. (if known)
National Insurance No.
GP Local Code:
Responsible LHB: Please select
Status on the Medical Performers List Please select

Part 2:	GMC REG	ISTRAT	TION	INFO	ORM.	ATIO	N					
Date of Provisional Registra	ation with GMC	:	D	D	M	M	Υ	Υ	Υ	Υ		
Date of Full Registration wi	th GMC:							2.5]	
			D	D	IVI	IVI	Y	Υ	Y	Y		
Registration No:												
B (
Details of Non-Registered	d Status											
*Please give details of any	period during w	hich yo	ur na	me v	vas r	not in	clud	ed, fo	or an	y rea	son on the	
GMC Register												
From	To			ı	Reas	on f	or N	on Ir	clus	sion*		
dd/mm/yy	dd/mm/yy											
*Reasons may include v	oluntary withd	rawal,	remo	val	for 1	non-p	aym	ent	of f	ees,	suspensions	,
disciplinary removal, etc.												
If you need extra space to	complete this se	ection, p	oleas	e atta	ach a	a sep	arate	she	et.			
Part 3: El	LIGIBILITY FOI	D SENI	OP D	DEM	III INA	DAV	MEN	JTC				
rant 3.	LIGIBILITY FOI	K SEINI	UK P	KEIV	IIOIVI	FAI	IVIEI	VI 5				
Date of initial appointment	t as GP partne	er*				1			I	7		
Date of initial appointment	a do Or parire	D	D	M	M	Υ	Υ	Υ	Υ			

*Date you were first included on a medical list in Great Britain as a partner												
,												
,												
Please state original respon	nsible LHB/PC1	Γ or pre	deces	ssor l	body	·						
·	nsible LHB/PC1	Γ or pre	deces	ssor I	body	·						
·												

Post Held	From/To dd/mm/yy	Employing Authority/ Hospital/Practice	Type of Service Code (a,b,c,d)	Part Time Full Time
(1*)		(2*)	(3*)	(4*)
,		\	,) /

If you need extra space to complete this section, please attach a separate sheet.

*Notes on completion of Part 3:

- 1. e.g. HO, SHO, Registrar, Principal, Assistant, Retainer, Locum, Clinical Assistant, Salaried Doctor, etc.
- 2. Full address of employing authority/hospital/practice.
- 3. Please insert code as appropriate:
 - a) Service in United Kingdom;
 - b) Service in the Social Security System of another European Economic Area (EEA) Member State:
 - c) Service in Armed Forces of the Crown or of another (EEA) Member State;
 - d) Service with the Foreign & Commonwealth Office.

Should you wish to have recognised service in the Armed Forces of the Crown, Armed Forces of another EEA Member State, service with the FCO and service in a Member Country of the EEA, you will need to provide corroborating evidence in writing.

4. Part Time is to be regarded as anything less than 9 notional half day sessions per week or 26 hours per week of availability in direct consultation contact with patients in the surgery or in home visiting.

Breaks in Reckonable Clinical Services in the NHS

Please list all breaks in chronological order, commencing with the most recent:

From dd/mm/yy	To dd/mm/yy	Reason

If you need extra space to complete this section, please attach a separate sheet.

Reasons may include career breaks, service overseas, suspension or removal from the Medical List, Supplementary Medical List or Medical Performers List by a HA, PCT or LHB.

See notes in part 4.

Part 4:

DECLARATION, UNDERSTANDINGS & CLAIM

- I declare that the information on this form is correct and I note that I may be requested to provide documentary evidence to substantiate this claim.
- I understand that checks may be undertaken with the NHS Pensions Agency and previous employers.
- I understand that the first payment will be provisional and that further payments may be made, or recoveries affected, following validation of my statements.
- I wish to claim payment in accordance with the Partnership Premium Scheme.

Signed	Date	Click or tap to enter a date.
Practice Stamp		

Please submit completed forms to: nwssp-primarycareservices@wales.nhs.uk

Alternatively, return by post to: Contracts Management (PPP)

NHS Wales Shared Services Partnership

1st Floor, Cwmbran House Mamhilad Park Estate Pontypool

NP4 0XS

\mathbf{c}	I	1	$\boldsymbol{\sim}$	ı		0	П	$\boldsymbol{\smallfrown}$	1.7	П	v
v	П	П	v	ı	U	J	1	J	ı	ľ	П

Application checked &								
MPL updated by		Date						
Application authorised and								
MPL entry details								
checked by		Date						
Reckonable years service	Reckonable years service							
(As at 1st April 2003, date of admission to Medical List/ Medical Performers List if later, or quarter ending								
)								

ANNEX 4 - PPF 2 PARTNERSHIP PREMIUM CLAIM FORM

Practice Name W Code: LHB:

GP PARTNER NHS SESSIONAL COMMITMENT

GP Surname	Forename	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar

A clinical session is defined as 4 hours 10 minutes.

Clinical sessions will usually consist of patient contact plus time for correspondence, test follow up and other administrative tasks involved in patient care; a session may also include time spent on Undergraduate or Postgraduate medical teaching, attending cluster meetings on behalf of the practice, mandatory training as well as attendance at coroners courts.

Clinical sessions do not include time spent on locum work or any work undertaken outside of the normal business of the practice.

Payment will be based on the average number of clinical sessions for the quarter. For example, if a GP partner works 8 clinical sessions every week in April, 6 in May and then 8 in June, the average number of clinical sessions worked for the quarter is 7.33

DECLARATION, UNDERSTANDINGS & CLAIM

- I declare that the information on this form is correct and I note that I may be requested to provide documentary evidence to substantiate this claim
- I wish to claim payment in accordance with the Partnership Premium Scheme

Signed []	 Date:
Practice Stamp	

Please submit completed forms to: nwssp-primarycareservices@wales.nhs.uk

Alternatively, return by post to: Payments Department (PPP), NHS Wales Shared Services Partnership, Ground Floor, Cwmbran House, Mamhilad Park Estate, Pontypool, NP4 0XS

NWSSP OFFICE USE ONLY

Claim Checked By:	Date:
Authorised By:	Date:

Sessions worked within:	Claims received at NWSSP by	Claim Paid End Of:
Apr / May / June	1 st June	June
July /Aug / Sept	1 st September	September
Oct / Nov / Dec	1 st December	December
Jan / Feb / Mar	1 st March	March