|  |
| --- |
|  **PRACTICE DETAILS** |

|  |  |
| --- | --- |
| **Practice Name:**  |  **W Code:**  |
| **LHB:** |  |

|  |
| --- |
|  **NON GP PARTNER NHS SESSIONAL COMMITMENT** |

|  |  |  |
| --- | --- | --- |
|  |  | **Expected Average Weekly Sessions** |
| **Surname** | **Forename** | **Apr-Jun** | **Jul-Sep** | **Oct-Dec** | **Jan-Mar** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

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  |

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/equivalent contracted hours 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 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 workedwithin: | Claims receivedat NWSSP by | Claim Paid End Of: |
| Apr / May / June | 1st June | June |
| July /Aug / Sept | 1st September | September |
| Oct / Nov / Dec | 1st December | December |
| Jan / Feb / Mar | 1st March | March |