**APPLICATION FOR ADDITIONAL PAYMENTS DURING SICKNESS LEAVE**

Please complete this form and return to **somccg.generalpractice@nhs.net**

Please provide evidence or supporting documentation, such as a Medical certificate (Med 3) in respect of the absence. MED3 form(s) covering the period of the claim submitted must be included with the claim.

Notes:

* This claim is made in line with the current GMS Statement of Financial Entitlements 2013, Part 4 (Payments for Specific Purposes), Section 15 (Amended April 2019)
* The maximum claimable (after more than 2 weeks absent) is £1,751.52 per week, for

(a) 26 weeks at the full entitlement, and then

(b) a further 26 weeks at half the entitlement

* Any amounts payable by way of reimbursement:

(a) are not paid on a pro-rata basis using the absent performer’s working pattern

(b) will be whichever is the lower - the invoiced costs or the maximum claimable amount

* Reimbursement is only made for GP performers providing cover, reimbursement is not made for cover provided by other healthcare professionals
* Sickness leave can now be covered by both external locums/GPs and existing GPs within the Practice who do not already work full time

**TYPE OF APPLICATION -** Choose an item.

**DETAILS OF GP ON LEAVE-**

Surname: Click here to enter text. First name: Click here to enter text.

Status in Practice: Choose an item. GMC Number: Click here to enter text.

Number of contract sessions per week: Click here to enter text.

Practice name: Click here to enter text.

Practice code: Click here to enter text. GMS/PMS/APMS: Click here to enter text.

First day away from practice because of Sickness: Click here to enter a date.

Date claim starts (after first 2 weeks of Sickness): Click here to enter a date.

Date of return to work (If Known): Click here to enter a date.

**Declaration of the GP Applying for Payment**

I declare that:

The information I have given on this form is correct and complete, and I understand that if it is not further action may be taken. For the purposes of verification of this application I consent to the disclosure of relevant information.

The performer is eligible for sickness leave either under statute, a partnership agreement or other agreement between the partners of a partnership, or a contract of employment that entitles the performer on leave to be paid their full salary by the contractor during their leave of absence.

The contractor will undertake to inform Somerset Clinical Commissioning Group (CCG) of any change in the Sickness deputising arrangements without delay. The contractor will notify CCG when the GP returns from their sickness absence.

The performer on leave will not engage in conduct that is prejudicial to their recovery.

The performer on leave will not perform any clinical services of another person, unless under the medical direction and with approval from CCG.

The contractor will summit claims for costs, including supporting evidence demonstrating the actual cost to it of the locum or existing GP cover, after they have been incurred and as soon as possible after the end of the month during which the costs were incurred. The contractor will be reimbursed for whichever is the lower – the invoiced costs or the maximum claimable amount. CCG will make payment as soon as possible following receipt of claims

The performer is intending to resume practice as a GP at the practice detailed above, provided that they are fit, when their period of absence is completed.

I hereby apply for reimbursement under the current GMS Statement of Financial Entitlements 2013, Part 4 (Payments for Specific Purposes), Section 15 (Amended April 2019)

**Name**: Click here to enter text.

**Date**: Click here to enter text.

**Position held at practice**: Click here to enter text.

*By printing my name, I certify and confirm that the information above is correct.*

*Provision of false information may result in the matter being referred to the NHS Counter Fraud Service for investigation. Practices may also be liable for prosecution and civil recovery proceedings. This information may be disclosed by CCG to the NHS Counter Fraud and Security Management Service for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud*

*IIf the contractor breaches any of the conditions of the General Medical Services regulations, Part 4, Section 15 of the current GMS Statement of Financial Entitlements, CCG may, in appropriate circumstances, withhold payment of any sum otherwise payable under this section.*

**Please complete this form and return to somccg.generalpractice@nhs.net**