NHS
North Yorkshire and York

PCO ADMINISTERED FUNDS REIMBURSEMENTS POLICY FOR COVERING ABSENCES OF GP PERFORMERS AND TEMPORARY SHORT-TERM DEPUTISING LOCUMS DEFINITION

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Equality & Diversity Statement	

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REIMBURSEMENT OF LOCUM COSTS TO COVER ABSENCE OF GP PERFORMERS

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REIMBURSEMENT OF LOCUM COSTS TO COVER ABSENCE OF GP PERFORMERS

1 BACKGROUND

1.1 The Statement of Financial Entitlement (SFE) details payments to which contractors may be entitled. Within the SFE it outlines areas that place a nationally set compulsory payment obligation upon the PCT and areas where the PCTs may use local discretion.

1.2 The 4 former PCTs covering the county of North Yorkshire, in conjunction with it's Local LMC, previously developed a single policy to cover these payments. This policy was issued in October 2006 and it is recognised that the policy required review to ensure clarity in terms of eligibility and process and to ensure it complied with current DoH regulations and guidelines.

1.3 This new policy also takes into account the current financial position in 2010/11

1.4 The policy has been developed in conjunction with PCT Representatives (Medical Director, Contracting, Commissioning, Finance) FHS Finance Staff, GP Clinical Executive representation and the LMC.

1.5 Where a performer under a GMS or PMS contract takes leave for any of the following reasons the contractor may need to employ a locum to maintain the level of service that it normally provides. The contractor may be entitled to payment of, or a contribution to, the cost of locum cover under Part 4, Section 9 to 12 of the Statement of Financial Entitlement (SFE).

- Ordinary maternity leave
- Paternity leave
- Ordinary adoption leave
- Sickness leave
- Cover for suspended doctors
- Jury Service
- Prolonged study leave

1.6 It should also be noted that these procedures apply to General Medical Services (GMS) and Personal Medical Services (PMS) Contracts and that individual Alternative Provider Medical Service (APMS) Contracts will specify if the contractor is eligible for these payments. If eligible, the PCT must notify the name of the contractor to FHS Finance staff.

2 GENERAL PRINCIPLES

2.1 In the case of all medical staffing matters the level of medical staff employed to work during the course of each day is a matter for each practice to determine locally.

2.2 In determining this practices must ensure it meets their obligations under their contract to the practice's patients'. Therefore the practice should identify the required permanent medical staff establishment and seek to directly employ sufficient staff to for fill this structure.

2.3 In meeting these obligations the engagement of a locum or additional salaried staff to meet short-term issues is entirely a practice business decision.

2.4 However separate from that decision the PCT will determine with reference to internal and external policy guidance whether or not the circumstances for the relevant GP performer's absence is eligible for reimbursement of costs incurred up to a maximum values set out in the guidance.

2.5 In all cases a valid claim can only exist where an absent GP performer's sessions are covered by another GP performer who is on a PCT or equivalent organisation performers list in the United Kingdom. Therefore for clarity please note that there is no entitlement to reimbursement if the absent performer, for whom the cover is required, is not a qualifying GP Performer irrespective of whether the cover was provided a GP performer.

2.6 Calculations will be based on the WTE status of the performer as detailed on the PCT Performers List. **NB**: **It is therefore important that practices notify PCT/FHS staff of all GP Performers and that contracts/WTE details are kept up to date.**

2.7 The Statement of Financial Entitlement states that the practice should not be paid for locum costs where a partner, shareholder or an existing employee provides locum cover, **unless the performer on leave is a job-sharer**. However NYY will exercise discretion in respect of part 4 sections 9-12 to allow the cover to be undertaken by part time salaried GP performers working additional sessions on a regular basis or a new salaried GP performer employed on a temporary basis to cover the absence. Where a salaried GP performer is engaged in such a manner, a formal letter of engagement for these sessions should be given to the salaried GP performer stating the number of sessions and the amount payable and a copy of this letter should be submitted with the first claim.

2.8 The maximum amount payable shall be that amount stated in the Statement of Financial Entitlement. Please note that figures in-line with

all other financial reimbursements stated in the statement of financial entitlement include funding for both employers national insurance contributions and superannuation. This amount will be on a pro rata basis, based on the level of commitment of the GP Performer on leave.

2.9 The Contractor is to submit to the PCT claims for costs actually incurred after they have been incurred, within 14 days of the end of month during which the costs were incurred. All claims must be submitted using NHS North Yorkshire and York official claim form, which is attached as Appendix A.

2.10 It should **not** normally be necessary to employ a locum if:

- The PCT has offered to provide a locum but that offer has been refused without good reason
- The performer on leave had a right to return but that right has been extinguished
- The contractor has engaged a new employee or partner to perform the duties of the performer on leave, and is not carrying a vacancy.

2.11 The NHS Pension Authority guidance with regard to locums, as issued http://www.nhsbsa.nhs.uk/Pensions/Documents/Pensions/TN8_-_2009_-_Employer_Newsletter.pdf , defines a freelance GP Locum under the Scheme Regulations as a *"GP who deputises for an absent GP or assists in the provision of primary medical services on a* ***temporary*** *basis".* NHS North Yorkshire and York has defined temporary in this regard to be will be 20 weeks or less.

2.12 A fee based GP working over a longer period is regarded (under the statutory NHS Pension Scheme Regulations) as Type 2 Practitioner work (Salaried GP) with the practice. Therefore with regard to Part 4 section 9-12 and the employment of locums out-with this period where a GP performer is employed for 21 or more weeks, their contract should be reviewed, and if continuing in employment, the PCT would expect the GP to be employed as a salaried GP.

2.13 To avoid any confusion or doubt, if a practice seeks to change the freelance locum they are using to avoid breaching the 20 week time limit they are not acting within the spirit of the NHS Pension Authority guidance.

2.14 With respect to these issues practices should always be mindful of the guidance available on external organisations' websites such as the Inland Revenue and the guidance of the NHS Pension Authority

http://www.hmrc.gov.uk/employment-status/index.htm

http://www.nhsbsa.nhs.uk/Pensions

2.15 Lastly please note that NHS North Yorkshire and York does not provide legal or financial advice to practices and thereby excludes all liability howsoever arising in circumstances where any individual, person or entity has suffered any loss or damage arising from the use of

information provided in this document or general guidance offered by it's employees in circumstances where professional legal or financial advice ought reasonably to have been obtained. To avoid any reason for doubt practices should seek their own professional guidance with regard to all matters covered within this document.

3. APPLICATION PROCESS FOR APPLYING FOR NHS NORTH YORKSHIRE AND YORK FOR FINANCIAL SUPPORT TOWARDS COSTS INCURRED

Where a practice wishes NHS North Yorkshire and York to provide financial support towards the cost of employing additional staff or a locum for the incidences covered in this policy document then the practice should seek approval, in writing, with all the relevant evidence, addressed to

a) **Assistant Director of Primary Care (Lorraine Naylor)**
Copied to:
b) **Primary Care Contract Manager (Sheila Callicott)**
c) **Head of Primary Care Finance (Colin Marsland)**

This should allow both contract and finance to have the right information and to work in tandem to make a decision regarding payment.

4. PAYMENTS FOR LOCUMS COVERING MATERNITY, PATERNITY AND ADOPTION LEAVE

4.1 If an employee or partner who takes such leave is a performer under a GMS or PMS contract, the contractor may need to employ either a salaried general practitioner or a locum to maintain the level of service that it normally provides. The PCT has discretion to pay for such cover, even if not directed to do so, and may consult the LMC before reaching a decision. However, if:

a) The performer is a GP performer; and
b) The leave is ordinary maternity, paternity, or ordinary adoption leave

the contractor may be entitled to payment of, or a contribution towards the cost of locum cover under Part 4, Section 9 of the Statement of Financial Entitlement (SFE).

4.2 Entitlement

4.2.1 If the contractor is a GP performer and the leave is ordinary maternity, paternity or adoption, the contractor is entitled to payment or a contribution towards locum costs (if more than one week).

Maximum periods of leave are:

- 26 weeks for ordinary maternity, ordinary adoption for the parent who is the main care provider.

- 2 weeks paternity leave and adoption leave when the parent who is not the main care provider.

4.2.2 To qualify the performer on leave must be in a partnership or have a contract of employment providing they have been employed for at least three months and is entitled in that contract to be paid their full salary by the contractor during their absence.

4.2.3 The salaried general practitioner or locum employed should not be a partner or shareholder in the contractor, or already an employee of the contractor, unless the provisions in paragraph 2.7 apply. And..

4.2.4 The contractor is not also claiming another payment for either the salaried general practitioner or locum cover in respect of the performer on leave pursuant to this part

4.3 Supporting documentation required:

4.3.1 If the application for locum cost is for the cover of **maternity leave** a copy of the MATB1 form must be submitted to FHS Financial Services Manager, Ryedale Building, 60 Piccadilly, York, YO1 9PE.

4.3.2 If the leave is for **paternity leave** the contractor must submit a letter confirming prospective fatherhood, confinement date and a copy of the partners MATB1 to FHS Financial Services Manager.

4.3.3 If the leave is **adoptive leave** the contractor must submit to FHS Financial Services Manager, a letter confirming the date of adoption and the name of the main care provider, countersigned by the appropriate adoption agency.

4.3.4. Evidence of locum costs incurred must be submitted along with the NHS North Yorkshire and York official claim form, Appendix A, to FHS Financial Services Manager, on a monthly basis within one month of when the costs were incurred to qualify for the agreed payment.

4.4 Payments

Maximum amount due is based upon on a notional 37.5 hour working per week and is pro rata for contactors working less that 37.5 hours. This fee payable will be in line with Part 4 Section 9 Paragraph 9.5 and will be subject to revision in line with the relevant SFE are:

- In respect of the first two weeks £978.91 per week

- In respect of any week thereafter up to a maximum of 24 weeks is £1,500 per week

Please see Appendix B for guidance on how pro rata payment is calculated.

4.5 Payment Arrangements and Conditions

As per schedule, i.e. Part 4, section 9 paragraphs 9.6, 9.7 and 9.8.

5. PAYMENTS FOR LOCUMS COVERING SICKNESS LEAVE

5.1 For the purpose of calculating the WTE of the remaining performers, salaried GP vacancies and a notional addition to the GP workforce of 0.5 WTE for full time Nurse Practitioner posts or pro-rata for part-time posts will be included.

5.2 The locum is not a partner or employee of the practice **unless it is part of a job share** and is working additional sessions over & above their normal commitment or the provisions in paragraph 2.7 apply.

5.3 Employees of contractors will, if they qualify for it, be entitled to statutory sick pay for 28 weeks absence arising from sickness in any three year period.

5.4 The rights of partners is a matter for their partnership agreement.

5.5 The PCT has discretion to pay or not to pay for locums. Each situation will need to be assessed and the PCT may wish to consider in consultation with the LMC:

- Where there is an unusually high rate of sickness in the area where the performer provides services; or
- To support contractors in rural areas

5.6 Entitlements

5.6.1 The PCT must reimburse the contractor if:

- Leave of absence is more than one week
- The contractor is paying statutory sick pay and full salary
- As a result of an accident the contractor must be unable to claim compensation. If compensation is claimed the locum costs may be a loan from the PCT on the condition that the loan is repaid unless:
    - No part of the compensation paid is referable to the cost of the locum.
    - Only part of the compensation paid is referable to the locum. The PCT shall reclaim only that proportion.

- The locum is not a partner or shareholder or employee of the contractor.

- The contractor is not already claiming another payment for locum cover.

5.6.2 It is for the PCT to determine if it is necessary to engage or continue to engage a locum. Entitlement will depend on discussions with the Primary Care Team taking into account residual list size and specific work load implications based on the payment structure below. In addition to the general principles the PCT will consider:

- Reimbursing single-handed GPs.
- Not reimbursing two or more GP performers unless the absence leaves each of the remaining performers with an *above* average number of patients.

Absence lasting/ Time expected to last GP	**Full time GP**	**Three Quarters GP**	**Half Time GP**
Not more than 2 weeks	3600+ patients	2700+patients	1800+patients
Not more than 6 weeks	3100+patients	2325+patients	1550+patients
Longer than 6 weeks	2700+patients	2025+patients	1350+patients

5.7 Supporting documentation required:

5.7.1 A copy sickness certificate is sent to the PCT Primary Care Contracting team

5.7.2 A copy of the practice's sickness insurance policy is sent to the PCT Primary Care Contracting team or a letter declaring no insurance policy exists.

5.7.3 Their contract of employment or partnership agreement entitles them to receive their FULL salary whilst on sick leave (Evidence will be required i.e. partnership agreement or contract of employment)

5.7.4 Evidence of locum costs incurred along with NHS North Yorkshire and York official claim form, Appendix A, submitted monthly to the PCT Primary Care Contracting team at Sovereign House, York on a monthly basis within one month in which the costs were incurred to qualify for the agreed payment.

5.7.5 In the case of sickness leave the PCT will review the situation with the practice on a regular basis and after an agreed period of funding the absence may reduce the amount payable to half the full amount if this is deemed appropriate.

5.8 Payments

5.8.1 Maximum amount payable £978.91 per week (pro rata for less than full time). In any twelve month period the maximum periods for payments are in line with part 4 paragraph 10.6:

- 26 weeks work for the full amount agreed with the PCT.
- A further 26 weeks for half the full amount agreed with the PCT.

5.8.2 This fee will be subject to revision in line with part 4 paragraph 10.5 of the SFE.

5.8.3 Please see Appendix B for guidance on how pro rata payment is calculated.

5.9 Payment Arrangements and Conditions

As per Part 4, 10.7 and 10.8.

6. PAYMENT FOR LOCUMS TO COVER FOR SUSPENDED DOCTORS

6.1 A GP performer suspended from a performers list may be entitled to payments directly from the PCT. The PCT must reimburse the contractor the actual locum cost where a contractor:

- Is paying the suspended GP, who is a partner or an employee of the contractor, at least 90% of is normal income.
- Actually and necessarily engages a locum.
- The locum is not a partner or shareholder or employee of the contractor or unless paragraph 2.7 applies.
- The contractor is not claiming a payment for the locum under another section of the SFE.

6.2 In reaching a decision the PCT needs to consider the general principles in Section 2.

6.3 Where the suspended GP is single handed and is not in receipt of any financial assistance from the PCT, the PCT is responsible for ensuring that the services agreed in the contract continue to be provided.

This may include:

- Employing a locum or a salaried GP.
- Arrangements with another practice to provide GP services.
- Supporting the practice staff.

6.4 Supporting documents required and condition of payment are as follows:

- Evidence of payments to the suspended GP
- Evidence of locum costs incurred along with NHS North Yorkshire and York official claim form, Appendix A, submitted monthly to the PCT Primary Care Contracting team at Sovereign House, York within one month in which the costs were incurred to qualify for the agreed payment.
- Changes to locum arrangements must be notified to the PCT Primary Care Contracting team

6.5 Payment

The maximum amount payable is £978.91 per week (pro rata for less than full time). This fee will be subject to revision in line with the relevant SFE.

6.5.1 Please see Appendix B for guidance on how pro rata payment is calculated.

6.6 Payment Arrangements/Conditions Attached to Payment

As per Part 4, sections 11.7 and 11.8.

7. PAYMENTS IN RESPECT OF JURY SERVICE

7.1 GP Performers may be asked to undertake Jury Service, and in these circumstances, the contractor for whom they have been providing services under its GMS or PMS contract may be entitled to a payment.

The PCT has discretion to pay or not to pay for locums. Each situation will need to be assessed and the PCT may wish to consider in consultation with the LMC:

- Where the case may exceed two weeks ; or
- To support contractors in rural areas

7.2 Entitlements

7.2.1 The PCT may reimburse the contractor if:

- The locum is not a partner or shareholder or employee of the contractor.

7.2.2 It is for the PCT to determine if it is necessary to engage or continue to engage a locum. Entitlement will depend on discussions with the Primary Care Team taking into account residual list size and specific work load implications based on the payment structure below.In addition to the general principles the PCT will consider:

- Reimbursing single-handed GPs.
- Not reimbursing two or more GP performers unless the absence leaves each of the remaining performers with an *above* average number of patients.

Absence lasting/ Time expected to last GP	**Full time GP**	**Three Quarters GP**	**Half Time GP**
Not more than 2 weeks	3600+ patients	2700+patients	1800+patients
Not more than 6 weeks	3100+patients	2325+patients	1550+patients
Longer than 6 weeks	2700+patients	2025+patients	1350+patients

7.3 Supporting documents required and condition of payment are as follows:

- Evidence of locum costs incurred along with NHS North Yorkshire and York official claim form, Appendix A, submitted monthly to the PCT Primary Care Contracting team at Sovereign House, York within one month in which the costs were incurred to qualify for the agreed payment.
- Changes to locum arrangements must be notified to the PCT Primary Care Contracting team

7.4 Payments

Maximum amount payable £978.91 per week (pro rata for less than full time). In any twelve month period the maximum periods for payments are:

- Up to 20 weeks work for the full amount agreed with the PCT.
- Up to a further 20 weeks for half the full amount agreed with the PCT.

This fee will be subject to revision in line with the relevant SFE.

Please see Appendix B for guidance on how pro rata payment is calculated.

7.5 Payment Arrangements and Conditions

As per Part 4, 10.7 and 10.8.

8. PAYMENTS IN RESPECT OF PROLONGED STUDY LEAVE

8.1 PCTs may, subject to affordability, pay a GP both an educational allowance, and reimbursement for the cost of locum cover, to undertake a prolonged period of study leave.

- an educational allowance of £133.68 per week for the duration of the agreed leave funding period
- a contribution towards locum costs to a maximum of £978.91 per week per whole time equivalent or pro-rata for part-time commitment at the discretion of the PCT for the duration of the agreed leave funding period.

8.2 The Statement of Financial Entitlement sets out the criterion for these payments, including approval of the educational content by the Post Graduate Dean, but there is no statutory obligation placed on PCTs to provide funding.

8.3 Locally there is no specific funding ring-fenced for this purpose

8.4 **N.B. The allowance of £978.91 is for a full time GP. Reimbursement will be on a pro rata basis unless the locum covers all of the absent GP's permanent number of sessions. For part time GPs the allowance will again be on a pro rata basis.**

8.5 The criteria in respect of prolonged study leave on which payments will be made are as follows:

- The leave is for at least 10 weeks and less than 12 months
- The educational aspects of the leave has been approved by the local Post Graduate Dean
- The locum is not a partner or employee of the practice **unless is part of a job share** and is working additional sessions over & above their normal commitment.
- That it is affordable for the PCT

8.6 Supporting documents required and condition of payment are as follows:

A letter from the place of study confirming the place and dates of the course/s is sent to Primary Care Contracting at Sovereign House, York.

Supporting documents required and condition of payment are as follows:

- Evidence of locum costs incurred along with NHS North Yorkshire and York official claim form, Appendix A, submitted monthly to the PCT Primary Care Contracting team at Sovereign House, York within one month in which the costs were incurred to qualify for the agreed payment.
- Changes to locum arrangements must be notified to the PCT Primary Care Contracting team

8.7 Payments

- Locum £978.91 per week maximum.
- Payments pro rata for less than full time.
- Educational Allowance £133.68

These fees will be subject to revision in line with the relevant SFE.

Please see Appendix B for guidance on how pro rata payment is calculated.

8.8 Payment Arrangements and Conditions

As per Part 4, Sections 12.8 and 12.9.

9. SHORT-TERM FREELANCE LOCUMS

9.1 As outlined in paragraph 2.1 to 2.3 each practice is responsible for ensuring sufficient medical staffing levels to meet their obligations under their contract to the practice's patients'. In doing so practices can use freelance locum GP's.

9.2 The GMS SFE does not place any responsibility upon the PCT with regard to freelance locums except those covered by Part 4 Section 9 to 12 however the NHS Pension Authority does convey on PCO's employer status in relation to those used by practices on temporary basis for short-term deputising work.

9.3 As outlined in paragraph 2.11 to 2.13 NHS North Yorkshire and York has sought the NHS Pension Authority guidance on the length of time considered to be reasonable for temporary short-term deputising work.

9.4 As the employing authority for these staff freelance locum GP performers on the NHS North Yorkshire and York performers list will only be considered such if the length of engagement is 20 or less weeks. If engaged for 21 weeks or longer they could be employed by the practice as a type 2 salaried GP. If the GP locum chooses not to take up the offer of salaried employment, they can be engaged on a long-term fee based arrangement instead. Where the contract is based on the long-term fee based arrangement, the practice is for the purposes of NHS Superannuation, considered the employer (see NHS Pension Authority newsletter TN8/2009).

9.5 If at the time of engagement of a freelance locum they believe that the period of engagement will be greater than 20 weeks then NHS North Yorkshire and York would expect the practice to employ the freelance locum as a salaried GP

9.6 Amending the freelance locum every 20 weeks to avoid the creation of a salaried GP status is not in the spirit of the NHS Pension Authority Guidance. Therefore when the practice completes part 2 of the locum form, Appendix C, they should in addition to identifying the substantive GP Performer they are deputising for the reason for the cover.

9.7 The following list gives examples of reasons previously given for the employment of long-term, over 20 weeks. NHS North Yorkshire and York do not consider these fall within the spirit of the guidance and do not comply with paragraph 2.2 above:

9.7.1 Replacing a performers who is performing regular sessions at a local hospital

9.7.2 Replacing a performers who is performing regular sessions as a GPSI or an enhanced service commissioned by an NHS Organisation

9.7.3 Replacing a performer who is performing regular teaching or educational sessions either via HYMS, NHS Deaneries, or supporting GP Registrars.

9.7.4 Holiday cover at the practice

9.8 Therefore to monitoring practices compliance with the provisions of paragraph 9.7 when the practice completes part 2 of the locum form, Appendix C, they should in addition to identifying the substantive GP Performer they are deputising for the reason for the cover.

9.9 Where a GP Freelance locum is used to cover an absence the PCT funds via Part 4 Sections 9-12, the NHS Employers Superannuation contribution the PCT actually pays will be deducted from the maximum amount the practice receives.

10. APPEALS

10.1 If in any circumstances the PCT and the contractor are unable to agree on eligibility, the practice has a right to appeal. Any appeal should be directed in the first instance to Lorraine Naylor, Assistant Director, Primary Care.

11. AUDIT

11.1 Practices are required to keep accurate records demonstrating costs incurred and PCTs can request these for inspection at any time.

11.2 FHS will monitor all applications for locum reimbursement and maintain a database of financial or direct support provided.

11.3 FHS will provide a quarterly summary report of payments made to NHS NYYPCT and YORLMC

12. DISCLAIMER

12.1 Where there is a difference in the Statement of Financial Entitlement and this policy, unless the Statement of Financial Entitlement allows for PCT discretion in any particular instance, the Statement of Financial Entitlement takes priority.

13. METHOD OF CONSULTATION

13.1 This policy has been shared with YORLMC for their views, prior to production of the final draft of the policy.

14 REVIEW OF THIS POLICY

14.1 This policy will be reviewed annually. This will be a responsibility of the NHS North Yorkshire & York Medical Services Commissioning Group. .

Date: July 2011

Review Date July 2012

Reviewer Group: NHSNYY Medical Services Commissioning Group
(Chair: Lorraine Naylor, Assistant Director, Primary Care)

Appendix A: NHS North Yorkshire and York official claim form for Practice Reimbursement Under Part 4 Section 9 to 12 of the GMS SFE

Practice Name:_____

Practice Code:_____

Name of GP Performer Cover is Required for:_____

Reason for Cover:_____

Name of GP Performer Providing Cover:_____

Performers List GP appears upon:_____

Contract Type Duties Performed Under: _____
(E.g. Locum, Salaried GP, other please specify)

Narrative	**£**
Staff Reimbursement Claim Actual Salary Costs Incurred	
Employers Staff Costs Incurred	
Sub Total	
Less:	
External Funding from SSP or SMP	
Funding received from any insurance policy practice holds	
Other External Income Stream	
Actual Costs Incurred	

I here by declare that the above information is a full and complete disclosure of the practices costs plus income received in respect of the above absence and that if any further income is received that I must declare this to the PCT.

Signed By:_____

Print Name:_____

Authorised Signature Job Title:_____

Date:_____

Practice Stamp:

Appendix B

If the claim relates to a Partner, then full time will be defined in the Partnership Agreement.

If the claim related to a salaried GP then full time is defined as 37.5 hours (9 notional sessions of 4 hours and 10 minutes) per week. Therefore if a doctor works 6 sessions per week the whole time equivalent is calculated as 0.66.

Appendix C

Please see attachment

GLOSSARY

GMS	General Medical Services – a contractual framework agreed between the PCT and GP Providers.
PMS	Personal Medical Services – a contractual framework agreed between the PCT and GP Providers.
LMC	Local Medical Committee
Locum	A doctor who temporarily fulfils the duties of another
Locum Reimbursement	A contribution towards the services of the doctor who temporarily fulfil the duties of another GP performer
GP Performer	A doctor providing primary care medical services
Contractor	GP Provider
SFE	Statement of Financial Entitlements