Reference: FOI.ICB-2627/135

Subject: GP Parental Leave Cover Reimbursement

I can confirm that the ICB does hold the information requested; please see responses below:

QUESTION	RESPONSE
I would like to understand how the ICB administers reimbursement to GP practices for covering absences arising from a GP's maternity, paternity, adoption or shared parental leave. Please provide the following recorded information:	
1. The current policy, scheme, or guidance the ICB applies when reimbursing practices for cover during a GP's parental leave, including any local policy document and a reference to the relevant provisions of the GP Contract or Statement of Financial Entitlements the ICB relies on.	We follow the General Medical Services Statement of Financial Entitlement Directions 2026 (SFE) linked here: General Medical Services Statement of Financial Entitlements Directions - GOV.UK The SFE also refers to the protocol which is the Primary Medical Services Policy and Guidance Manual (PGM) linked here NHS England » Primary medical services policy and guidance manual (PGM)
2. The eligibility criteria a practice must meet to claim reimbursement, including any conditions relating to the GP being covered (e.g. partner vs. salaried) and the minimum or maximum leave period covered.	As per SFE
3. The maximum weekly reimbursement rate(s) and any overall cap or duration limit currently applied.	As per SFE and SFE amendment documents
4. What types of cover arrangement are eligible for reimbursement — for example, an external locum GP, a salaried GP, additional sessions worked by existing	As per SFE

practice GPs, or clinical work delivered by a third-party clinical service — and whether eligibility depends on how the cover is engaged or invoiced.	
5. The evidence a practice must submit to support a claim (e.g. invoices, timesheets, proof of the leave), and whether the reimbursable cost is restricted to the substituting clinician's fees or can include associated service costs.	As per SFE
6. The application process and typical timescales for approval and payment.	• Practice to complete application form (PLA1) and (PLA1b-SPLdeclaration, if applicable) – please documents enclosed. • Practice to submit application prior to commence of parental leave for approval. Practice to also provide supporting documents as stated within SFE • Typically, all claims submitted by the 10th of the month will be processed for payment run for that month
7. Any standard claim form or template used, if held.	Please find enclosed.

The information provided in this response is accurate as of 7 July 2026 and has been approved for release by Jenny Bowker, Deputy Director of Performance Delivery, Primary Care and Children's Services for NHS Bristol, North Somerset and South Gloucestershire ICB.

Form - PLA1

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

APPLICATION FOR ADDITIONAL PAYMENTS DURING PARENTAL LEAVE

Please complete this form and return to bnssg.pc.contracts@nhs.net

Please provide supporting documentation confirming prospective leave entitlement and expected period of absence, as follows

- Maternity leave: include MAT B1 with application
- Paternity leave: include copy of MAT B1 with application or copy of birth certificate
- Adoption leave: include a letter written by the GP performer confirming the date of the adoption and the name of the main care provider, name of the main carer for the child, countersigned by the adoption agency
- Shared Parental Leave: complete form PLA1b-SPLdeclaration

Notes:

- The ICB must receive the completed application form prior to the leave commencing

- This claim is made in line with the current NHSE General Medical Services Statement of Financial Entitlements Directions 2026, Part 4 (Payments for Specific Purposes), Section 9

- Maternity, Adoption, and Shared Parental Leave - The maximum payable is 26 weeks from the day the GP commences leave;
    - for claim periods from **1 April 2024 to 31 March 2025** £1,211,64 for the first two weeks of reimbursement and £1,856.61 per week thereafter.
    - for claim periods from **1 April 2025 to 31 March 2026** £1,475.17 for the first two weeks of reimbursement and £2,238.03 per week thereafter.
    - For claim periods from **1 April 2026** £1,526.80 for the first two weeks of reimbursement and £2,316.37.

- Paternity - The maximum claimable is 2 weeks reimbursement.
    - for claim periods from **1 April 2024 to 31 March 2025** at £1,211.64 per week.
    - for claim periods from **1 April 2025 to 31 March 2026** at £1,475.17 per week.
    - for claim periods from **1 April 2026** at £1,526.80 per week.

- Any amounts payable by way of reimbursement:
  (a) are not paid on a pro-rata basis using the absent performer's working pattern, and
  (b) will be whichever is the lower - the invoiced costs or the maximum payable amount

- Reimbursement is only made for GP performers providing cover. Reimbursement is not made for cover provided by other healthcare professionals

- Parental leave can be covered by any GP performer who does not already work full time

Form - PLA1

Bristol, North Somerset and South Gloucestershire Integrated Care Board

TYPE OF APPLICATION Choose an item.

DETAILS OF GP APPLYING FOR LEAVE.

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

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

GMC Number Click here to enter text. Performer List: Click here to enter text.

Status in the Practice: Choose an item. Practice name: Click here to enter text.

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

Expected start of leave period: Click here to enter a date.

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

Declaration of the Contractor

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

I have enclosed the relevant paperwork confirming prospective leave and expected period of absence.

The performer is eligible for maternity/paternity/adoption 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 is not claiming another payment for cover in respect of this absence.

Once the cover arrangements are in place, I undertake to inform the ICB without delay

i. if there is to be any change in the maternity/paternity/adoption, or

ii. if there is to be any change to the cover arrangements, or

iii. if, for any reason, there is to be a change to the arrangements for performing the duties of the performer on leave, at which point the ICB is to determine whether it still considers the cover necessary

The contractor will submit claims for costs, including supporting evidence demonstrating the actual costs of the GP performer cover, after they have been incurred and as soon as possible after the end of the month during which the costs were incurred. The ICB will make payments as soon as possible following receipt of claims.

Form - PLA1

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

I hereby apply for the appropriate reimbursement under the current General Medical Services regulations and specifically Part 4, Section 9 of the current GMS Statement of Financial Entitlements Directions 2026.

Name: Click here to enter text.

Date: Click here to enter a date.

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 the ICB 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.

If the contractor breaches any of the conditions of the NHSE General Medical Services Statement of Financial Entitlements Directions 2026, Part 4 (Payments for Specific Purposes), the ICB may, in appropriate circumstances, withhold payment of any sum otherwise payable under this section.

Please complete this form and return to bnssg.pc.contracts@nhs.net

Primary medical care - policy and guidance manual

Annex B: notification of intention to take shared parental leave (SPL) - sample form

Section A: general (must be completed)	
Please accept this as notification that I (the main carer's partner) am entitled to and intend to take SPL[26] (and ShPP if section C is completed).	
Partner's surname	
Partner's first name(s)	
Main carer's surname	
Main carer's first name(s)	
Main carer's address	
Main carer's national insurance number (state 'none' if no number is held)	
Child's expected date of birth	
Actual date of child's birth (if child not yet born I will provide this information as soon as reasonably practicable following birth and before I take any SPL[26])	
Section B: main carer entitlement details (all answers that apply must be completed)	
Date main carer started (or intends to start) leave (if applicable)	
Date main carer's leave ended (or will end) (if applicable)	
Total number of weeks of leave taken (or that will be taken) when main carer's leave ends	
Date main carer started (or intends to start) SMP or MA (if applicable)	
Date main carer's SMP or MA ended (or will end) (if applicable)	

Total number of weeks SMP or MA has been paid or will have been paid at date of curtailment	
Total number of weeks by which SMP or MA will be reduced (ie 39 weeks minus total number of weeks SMP or MA has been paid or will have been paid at date of curtailment)	

Section C: amount of SPL[26] available (must be completed)	
The total number of weeks of SPL[26] created depends on the main carer's leave and pay entitlements: • if the main carer was/is entitled to maternity leave and SMP/MA, the total created will be 52 weeks less any weeks leave taken • if the main carer was/is entitled to maternity leave but not to SMP or MA, the total created will be 52 weeks less any weeks maternity leave taken • if the main carer was/is not entitled to maternity leave but was entitled to SMP/MA, the total created will be 52 weeks less any weeks of SMP/MA that was paid • if the main carer previously revoked curtailment notice any SPL[26] that was taken by the partner must be deducted	
Total number of weeks of SPL[26] created (50 max)	
Total number of weeks of SPL[26] I (the partner) intend to take	
Total number of weeks of SPL[26] the main carer intends to take (if applicable)	
Section D: indication of partner's leave intentions (must be completed but is not binding)	
I (the partner) currently expect to take SPL[26] as follows:	

Note: It will usually be helpful to answer this in a “from… to…” format	
Section E: amount of ShPP available (only complete if claiming ShPP)	
Total number of weeks of ShPP created (39 weeks less total number of SMP/MA taken and any ShPP paid from a previous notice and revocation)	
Total number of weeks of ShPP I (the partner) intend to take	
Total number of weeks of ShPP main carer intends to take	
I (the partner) currently expect to take ShPP as follows: Note: It will usually be helpful to answer this in a “From… To…” format	

Section F: partner's declaration (must be completed)

The following points apply in all circumstances:

- I am giving notice that I am entitled to and intend to take SPL.[26]
- I am the father of the child, or at the time of the birth I was/will be the main carer's spouse, the main carer's civil partner and/or the main carer's partner living with her/him and the child in an enduring relationship.
- I have been (or will be) continuously employed for 26 weeks at the end of the 15th week before the week in which the child is due.
- I will remain employed with this employer until any period of SPL[26] that I intend to take.
- I had (or will have) the main responsibility for the care of our child at the time of the child's birth (along with the main carer who has made the declaration below).
- I will give my employer a copy of my child's birth certificate or a declaration of the date and place of the birth where no certificate is available if my employer asks for this within 14 days of the date of this notice.
- I will give my employer the name and address of the main carer's employer or a declaration that (s)he does not have an employer if my employer asks for this within 14 days of the date of this notice.
- I will inform my employer immediately if I am no longer caring for our child or if my partner revokes her notice to curtail her maternity leave or SMP/maternity allowance period.
- I (or my partner) have given a period of SPL[26] notice.
- The information provided in this declaration is accurate and meets the notification requirements for SPL.[26]

The following points only apply if section E has been completed:

- I am giving notice that I am entitled to and intend to take ShPP.
- I have been (or will be) paid at least the lower earnings limit in the 8 weeks leading up to the end of the 15th week before the expected week of childbirth.
- I intend to care for my child in the weeks I receive ShPP.
- I will be absent from work in each week in which I will be paid ShPP and I will be on SPL[26] in those weeks (if entitled to SPL[26]).
- I will remain employed with this employer until before the date of my first period of ShPP.
- The information provided in this declaration is correct.

Signature of partner	
Date partner signed	

Section G: main carer's declaration (must be completed)

The following points apply in all circumstances:

- I had (or will have) the main responsibility for the care of the child at the time of the birth (along with my partner who has made the declaration above).
- I am entitled to maternity leave and/or SMP or MA in respect of the child and I have curtailed (or will curtail) my entitlement to maternity leave (or I have returned to work) and/or my entitlement to SMP or MA.
- I have, or will have, been employed or self-employed in England, Scotland or Wales in 26 weeks of the 66 weeks before the expected week of childbirth.
- I have (or will have) earned in total at least £390 in 13 weeks of the 66 weeks before the expected week of birth.
- I will immediately inform my partner if I revoke my notice to curtail my leave or, if I am not entitled to leave, my SMP or MA entitlement.
- I consent to my partner's intended SPL[26] as set out in section D above.
- I consent to my partner's employer processing the information I have provided.
- The information provided in this declaration is accurate and meets the notification requirements for SPL.[26]

The following points only apply if section E has been completed:

- I am entitled to SMP or MA, and I have reduced (or will reduce) the SMP or MA period and the remainder will be available as ShPP.
- I consent to my partner's intended ShPP as set out in section E above,
- I will immediately inform my partner if I revoke the reduction of my SMP or MA.
- I consent to the person who will pay ShPP to my partner or the child's father processing the information I have provided.
- The information provided in this declaration is correct.

Signature of main carer	
Date main carer signed	
Main carer declaration (if applicable)	
If main carer is also a GP provider – name of GP practice	
Period of locum reimbursement claimed by main carer	

[26] Shared parental leave only applicable within this protocol 1 April 2019.

Form – CF1

Bristol, North Somerset and South Gloucestershire
Integrated Care Board

CLAIM FOR ADDITIONAL PAYMENTS DURING MATERNITY, SICKNESS, SUSPENSION, PATERNAL LEAVE, SHARED PARENTAL LEAVE OR ADOPTION LEAVE

You will need to complete an application form **prior** to submitting any claim forms which must have approval from the Primary Care Contracting team on behalf of the ICB before any allowance can be claimed

Please complete this form and return to bnssg.pc.contracts@nhs.net

Please ensure the appropriate evidence or supporting documentation is included to avoid any delay in processing the claim. This should be either GP performer invoices, or in the case of a GP employed by the practice, a copy of a payslip covering the date(s), number of the session(s) covered and the pay per session.

Notes:

This claim is made in line with the current NHSE General Medical Services Statement of Financial Entitlements Directions 2026, Part 4 (Payments for Specific Purposes).

Any amounts payable by way of reimbursement:
(a) are not paid on a pro-rata basis using the absent performer's working pattern, and
(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

TYPE OF APPLICATION Choose an item.

DETAILS OF GP ON LEAVE

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

DETAILS OF CLAIM

Period covered by claim from: Click here to enter a date. To: Click here to enter a date.

Total cost of GP performers covering this period of leave: £ Click here to enter text.
(This should total "GP performer" breakdown recorded on next page)

Form – CF1

DETAILS OF GP PERFOMERS COVERING

Please complete the following information for each GP performer covering this period of absence and included within the claim

Surname	Click here to enter text.	Surname	Click here to enter text.
First Name	Click here to enter text.	First Name	Click here to enter text.
GMC No	Click here to enter text.	GMC No	Click here to enter text.
Date From:	Click here to enter text.	Date From:	Click here to enter text.
Date To:	Click here to enter text.	Date To:	Click here to enter text.
Total Paid to GP Perfomer:	Click here to enter text.	Total Paid to GP Perfomer:	Click here to enter text.

Surname	Click here to enter text.	Surname	Click here to enter text.
First Name	Click here to enter text.	First Name	Click here to enter text.
GMC No	Click here to enter text.	GMC No	Click here to enter text.
Date From:	Click here to enter text.	Date From:	Click here to enter text.
Date To:	Click here to enter text.	Date To:	Click here to enter text.
Total Paid to GP Perfomer:	Click here to enter text.	Total Paid to GP Perfomer:	Click here to enter text.

DECLARATION

I certify

- the GP performers on this form necessarily deputised to cover the absence of the above named GP performer's sickness/maternity/paternity/suspension/adoption leave, and
- the necessary medical certificate(s) and paperwork have been submitted for this period of absence to the ICB.

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

This claim is in accordance with the Statement of Financial Entitlements Directions.

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 the ICB 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.

If the contractor breaches any of the conditions of the NHSE General Medical Services Statement of Financial Entitlements 2026, Part 4 (Payments for Specific Purposes), the ICB may, in appropriate circumstances, withhold payment of any sum otherwise payable under this section.

Please complete this form and return to bnssg.pc.contracts@nhs.net

Form – CF1

DETAILS OF GP PERFOMERS COVERING - Continuation Sheet

Surname	Click here to enter text.	Surname	Click here to enter text.
First Name	Click here to enter text.	First Name	Click here to enter text.
GMC No	Click here to enter text.	GMC No	Click here to enter text.
Date From:	Click here to enter text.	Date From:	Click here to enter text.
Date To:	Click here to enter text.	Date To:	Click here to enter text.
Total Paid to GP Perfomer:	Click here to enter text.	Total Paid to GP Perfomer:	Click here to enter text.

DETAILS OF GP PERFOMERS COVERING

Surname	Click here to enter text.	Surname	Click here to enter text.
First Name	Click here to enter text.	First Name	Click here to enter text.
GMC No	Click here to enter text.	GMC No	Click here to enter text.
Date From:	Click here to enter text.	Date From:	Click here to enter text.
Date To:	Click here to enter text.	Date To:	Click here to enter text.
Total Paid to GP Perfomer:	Click here to enter text.	Total Paid to GP Perfomer:	Click here to enter text.

DETAILS OF GP PERFOMERS COVERING

Surname	Click here to enter text.	Surname	Click here to enter text.
First Name	Click here to enter text.	First Name	Click here to enter text.
GMC No	Click here to enter text.	GMC No	Click here to enter text.
Date From:	Click here to enter text.	Date From:	Click here to enter text.
Date To:	Click here to enter text.	Date To:	Click here to enter text.
Total Paid to GP Perfomer:	Click here to enter text.	Total Paid to GP Perfomer:	Click here to enter text.

DETAILS OF GP PERFOMERS COVERING

Surname	Click here to enter text.	Surname	Click here to enter text.
First Name	Click here to enter text.	First Name	Click here to enter text.
GMC No	Click here to enter text.	GMC No	Click here to enter text.
Date From:	Click here to enter text.	Date From:	Click here to enter text.
Date To:	Click here to enter text.	Date To:	Click here to enter text.
Total Paid to GP Perfomer:	Click here to enter text.	Total Paid to GP Perfomer:	Click here to enter text.

DETAILS OF GP PERFOMERS COVERING

Surname	Click here to enter text.	Surname	Click here to enter text.
First Name	Click here to enter text.	First Name	Click here to enter text.
GMC No	Click here to enter text.	GMC No	Click here to enter text.
Date From:	Click here to enter text.	Date From:	Click here to enter text.
Date To:	Click here to enter text.	Date To:	Click here to enter text.
Total Paid to GP Perfomer:	Click here to enter text.	Total Paid to GP Perfomer:	Click here to enter text.

Please complete this form and return to bnssg.pc.contracts@nhs.net