

APPENDIX B

Details of fees and allowances and grants payable under the scheme

(i) As from the 1st April, 1972 the scale of fees payable to participating practitioners will be as follows :-

<u>Surgery Consultations:</u>	£
(a) normal hours	0.80
(b) outside normal hours, other than (c)	1.15
(c) midnight to 8 a.m.	2.25
<u>Domiciliary Consultations:</u>	
(a) normal hours -	
urban	1.15
up to 3 miles	1.15
3 - 5 miles	1.50
5 - 7 miles	2.00
7 - 10 miles	2.50
over 10 miles	3.00
(b) outside normal hours, other than (c)	
urban	1.50
up to 3 miles	1.50
3 - 5 miles	1.90
5 - 7 miles	2.50
7 - 10 miles	3.00
over 10 miles	3.50
(c) midnight to 8 a.m.	
urban	3.00
up to 3 miles	3.00
3 - 5 miles	3.75
5 - 7 miles	4.25
7 - 10 miles	4.75
over 10 miles	5.25

Emergency fees:

An additional 80p on the normal fee (Note: Where more than one doctor is called to the same emergency each doctor who answers the call may claim a fee even if his services were not required).

Rural dispensing fee:

Annual fee per person 0.80.

(ii) Where a doctor attends to more than one eligible patient in a household in the course of a domiciliary visit a fee at the appropriate domiciliary rate will be payable for the first patient and at the appropriate surgery rate for the other patient(s).

(iii) Where a doctor provides services from more than one centre of practice his fee for a domiciliary service will be related to the distance the patient lives from the doctor's main centre of practice.

(iv) Where a doctor attends eligible persons in a home for the aged fees will be payable on a sessional basis for routine visiting at the rate of £5.50 per three hour session. The amount due to a doctor will be calculated by totalling the number of hours spent by him each month in the routine visiting of eligible patients. The appropriate domiciliary fee will be payable for non-routine calls to the home.

(v) Where a doctor undertakes an urgent visit between 11 p.m. and midnight which necessarily involves his remaining on the call until after midnight he may claim the appropriate after-midnight fee for the service.

Fees for the medical certification

(vi) The fees payable to the doctor shall cover the issue by him of certificates for such purposes as may be prescribed by the Minister for Health after consultation with the medical profession but will not include certificates required under the Social Welfare Acts or for the purposes of insurance or assurance policies. The doctor may, however, claim fees for such examinations as he may carry out on a patient prior to the issue to him of first and final Social Welfare certificates.

Contribution towards locum and other practice expenses

(vii) A participating doctor other than a district medical officer who has guarantees in relation to locum expenses will be entitled to an annual contribution from the health board of £100 towards his locum and other practice expenses where he has 100 or more patients on his list. Where his patients are fewer than 100 he will be paid £1 per patient per annum.

Practice payments for remote areas

(viii) These areas will be specified from time to time, as required, by the Minister in consultation with the health boards and the medical organisations. They will include extremely remote areas such as the islands and some mainland districts which call for special consideration.

(ix) In these areas the doctor may opt for full fees or the existing special salary which is currently paid for such areas (£3,310) or the normal district medical officer salary scale (£1,805 X £188 - £2,513 X £122 - £2,635) plus half fees. Depending on circumstances the health board may permit entry to the scale above the minimum in the case of a doctor opting for the third method of payment. Where a salary scale is payable it will be adjusted from time to time in the light of changes in the levels of incomes generally in the public service.

Practice payments for other rural areas

(x) Where a doctor lives and practises in a centre with a population of less than 500 and where there is not a town with a population of 1,500 or more within a three-mile radius of that centre the doctor will be entitled to special rural practice concessions.

(xi) In these areas the doctor would be paid full fees. In addition a rural practice allowance of £500 per year would be payable:-

(a) to a district medical officer with guarantees who opts to be paid on a fee basis,

(b) to any other participating practitioner who, at the commencement of the scheme, is entitled to participate in it and who is the sole participating practitioner in the centre in question,

(c) to any other participating practitioner if the health board decide to make this payment to retain him in the area.

(xii) Where a district medical officer has guarantees, he will be entitled to the fees plus the allowance of £500 or the current salary for his existing post, whichever is greater.

Grants for improvements of practice premises

(xiii) Health Boards may give grants from revenue towards the provision of new practice premises or for the improvement or extension of the existing practice premises of participating doctors.

(xiv) Application will be made to the health board which will consider whether it should give a grant in the light of:-

(a) the number of eligible persons on the practitioner's list,

(b) the extent and nature of the accommodation already available to him in his practice premises and

(c) the availability of alternative facilities for general practitioners under the control of the health board.

(xv) The additional accommodation in respect of which a grant may be given will be related to the extent and standard considered necessary by the health board to allow the practitioner to provide in a reasonable manner for all his patients. If the practitioner provides more accommodation that is considered essential or provides accommodation of a standard higher than necessary, the additional expenditure will be entirely his own responsibility.

(xvi) In the case of an individual participating practitioner a health board may give a grant amounting to 25% of the cost of the approved works subject to a maximum of £500. The health board may, however, give a grant amounting to 37.5% subject to a maximum of £750 to an individual participating practitioner in a "remote" area or "other rural" area (as defined in paragraph x).

(xvii) In the case of two participating practitioners operating in association from the same premises a health board may give a grant amounting to 37.5 % of the cost of the approved works subject to a maximum of £750.

(xviii) In the case of group practices a health board may give grants of 50% of the cost of the approved works subject to a maximum of £1,000 for three doctors, increasing by £250 in respect of each additional doctor in the practice.

(xix) A health board may require a practitioner who has received a grant to recoup all or portion of it should he voluntarily cease to participate in the scheme within three years of the payment of the grant.