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Shared Services  
Partnership  
Primary Care Services

## GP Registrar Scheme NHS Wales Shared Services Partnership-Primary Care Services (NWSSP-PCS)

### Business Mileage and Travel & Subsistence Claiming Guide October 2014

**Please read this guide carefully before submitting claims**

This guide sets out how the NHS Wales Shared Services Partnership-Primary Care Services (NWSSP-PCS) office reimburses a GP Registrar's travel expenses as simply and equitably as possible under the GP Registrar directions issued in Wales on the 19/2/08 and amended on the 21/8/08 and 29/4/09, in line with general NHS employment principles and guidance from the Welsh Government (WG).

The GP Registrar directions are intended to mirror NHS hospital pay and conditions, to ensure that Registrars are financially no worse off during their GP practice placement than their NHS hospital placement – and likewise no better off.

#### **Excess Daily Travelling Allowance**

GP Registrars, who establish a permanent home in order to undertake their vocational training and choose to travel from home to the various posts held rather than move home, can claim for excess daily travelling expenses in lieu of removal expenses. For example, if a doctor lives 3 miles from his/her hospital post, and then chooses to travel 46 miles from home to work and back when he/she undertakes his/her practice placement, he/she will be entitled to claim 40 miles excess travel each day he/she drives to the practice. These claims must be submitted on the NWSSP-PCS excess daily travelling claim form and are payable at 24 pence per mile (public transport rate). Please contact this office for an appropriate claim form.

#### **Business Mileage allowance**

The business mileage allowance is intended to reimburse GP Registrars for official journeys necessary for the purposes of their work, e.g domiciliary visits or travel between a main and branch surgery. Registrars can also claim a **maximum of 10 miles each way** for travel between home and practice, **but only if they drive their car on an official journey that same day AND they do NOT claim excess daily travelling.**

These claims must be submitted on the NWSSP-PCS business mileage claim form.

The guidance listed below will assist you in completing the form correctly, aiding the NWSSP-PCS to process your claim without delay:

- All the following sections are mandatory and must be completed. Please note that incomplete forms will be returned:
  - GP Registrar Name
  - GMC Number
  - GP Registrar Home Address
  - Name of Trainer
  - Training Practice Address
  - Period of claim
  - Make/model of car
  - Engine capacity of car
  - Registration number of car
  - Mileage from home to training practice (one way). Please note that the NWSSP will use AA Route Planner to validate or amend the mileage based on post codes from the start of the journey to the destination, based on the shortest route. The mileage claimed may therefore be adjusted as a result of this check
- All forms must be signed by the claimant and authorised by the GP Trainer or Practice Representative. Incomplete forms will be returned.
- Please complete the journey details on the second page. An example of how to list your journey details is given below:

<b>Date</b>	<b>Purpose of Journey</b> (if claiming for passengers, please state number of passengers and their names) MS – Main Surgery      PCH – Prince Charles BS – Branch Surgery      NHH – Neville Hall HV – Home Visit      RGH1 – Royal Gwent VTS (Venue) – Study Days      RGH2 – Royal Glam H – Home      GCH – Glan Clwyd SIN – Singleton      MOR – Morryston WWG – W. Wales General      PoW Princess of Wales Please use additional abbreviations as required (please state full address in NWSSP space below)	<b>Home to Surgery Mileage</b> (max. 10 miles each way)	<b>Home Visit/Other Official Mileage</b>	<b>Passenger Mileage</b> (if applicable)
<i>Example 1</i>	<i>H-MS-HV-MS-H</i>	<i>20</i>	<i>2.5</i>	<i>N/A</i>
<i>Example 2</i>	<i>H-MS-VTS (please state venue)-MS-H</i>	<i>20</i>	<i>23</i>	<i>N/A</i>
<i>Example 3</i>	<i>H-MS-VTS (please state venue)-H</i>	<i>10</i>	<i>23 - 13</i>	<i>N/A</i>
<i>Example 4</i>	<i>H-MS-HV-VTS (please state venue)-H</i>	<i>10</i>	<i>2.5 - 25 - 13</i>	<i>N/A</i>
<i>Example 5</i>	<i>H-VTS (please state venue)-H</i>	<i>0</i>	<i>23</i>	<i>N/A</i>

- Please cross through any unused lines on your claim form.
- Please do not list postcodes or patient details of home visits.

Under the business mileage allowance regulations Registrars can also claim for journeys to their local education centre for VTS study days (see note \* overleaf) and for journeys to their OOH placements.

## **Note \* Journeys to your local education centre for VTS study days:**

Do not include other day events or courses organised by your local Postgraduate Centre. These are claimable as Section 2/63 courses (see below).

By default, business mileage claims will be reimbursed at the standard rate as shown in Annex 1.

Alternatively, any Registrars who believe that they would be entitled to reimbursement under the Regular User provisions may apply in writing to the NWSSP-PCS to be reimbursed under the Regular User Allowance also shown in Annex 1. In order to claim as a Regular User GP Registrars must either:

1. travel an average of more than 3,500 miles a year, or
2. travel an average of at least 1,250 miles a year, and
  - i. necessarily use their vehicle an average of at least three days a week, or
  - ii. spend an average of at least 50 per cent of their time on such travel including the duties performed during the visits, or
3. travel an average of at least 1000 miles a year and spend an average of four days a week on such travel including the duties performed during the visit.

### **Claiming Procedure**

In order for you to claim business mileage for your official journeys you will need to complete a business mileage claim form on a **monthly basis** and submit this claim to the NHS Wales Shared Services Partnership by the **5<sup>th</sup> of each month**. All GP Registrar claims will be paid to your current placement practice on the last working day of the month. **Please ensure that your final claim is submitted before you leave your placement.**

You must ensure that you use the latest version of the claim form. An example is attached at Annex 2. Older versions of the form will be returned to the claimant.

It is important that the Registrar and/or the practice keep accurate records of their mileage for tax purposes and check with their accountant with regard to their tax and NI liability. The Inland Revenue website states that tax relief cannot be claimed on home to work journeys.

**Registrars must ensure that they only claim once for each eligible journey, and that they do NOT claim for any journey that they receive reimbursement for elsewhere, either through the NWSSP-PCS or any other organisation. Incorrectly completed claims will be returned to the practice.**

### **Travel & Subsistence Expenses for Section 2/63 Courses**

Registrars who attend Post Graduate Department approved courses (other than VTS Study Days) can claim for travel and/or subsistence on a Section 2/63 claim form up to a maximum of £300 per financial year. A list of the current rates that can be claimed is attached at Annex 3.

## **Claiming Procedure**

Section 2/63 claim forms should be provided by your lecturer/tutor when you attend your course and completed forms sent to the NWSSP-PCS for reimbursement. Alternatively, claim forms can be supplied by NWSSP-PCS. Original receipts **must be stapled** to the claim.

You must ensure that you use the latest version of the claim form. An example is attached at Annex 4. Older versions of the form will be returned to the claimant.

Please ensure the following sections are completed when submitting the Section 2/63 claim form:

- Full name
- GMC number
- Practice address with postcode
- Indicate which status is relevant to you
- Course dates and venues
- All forms must be signed and stamped by the clinical tutor, course organiser or other authorised person
- Departure and arrival times for each journey
- If you are claiming for a passenger(s) who attended the same course, please state their name(s)

### **General Points to Note**

- If you are not claiming travel costs, please provide details of how you travelled. If you travelled as a passenger, please provide the name(s) of the driver(s)
- If you are claiming for non-commercial overnight allowance, please give details of where you stayed
- You must ensure that you only claim once for each eligible journey, and that you do **NOT** claim for any journey that you receive reimbursement for elsewhere, either through the NWSSP-PCS or any other organisation
- All incorrectly or partially completed claims will be returned to the claimant
- All receipts for hotels, parking tickets, trains/taxis should be stapled to the claim form
- Enclose a copy of your course attendance letter
- Ensure that all boxes are completed in full. If a box is not applicable, please complete it by entering N/A. An example of how to list your journey details is provided on page 5.
- VTS Study Days are not classed as Section 2/63 courses and must be claimed separately on a Business Mileage claim form.

## EXAMPLE OF HOW TO COMPLETE THE SECTION 2/63 CLAIM FORM

### Details of Expenses

Date	Full particulars of journey with postcodes (exact start and return postcodes must be used).	If journey is diverted please state reason	Departure time	Return Time	Day/Night subsistence	Round trip miles (For car journeys)	Cost of miles (23p per mile + 2p per passenger)	Fares/ Parking fees
1/1/13	From home (NP58 3RZ) to RCGP, London EC4M 9DQ and return CSA Exam	N/A	08.15	22.40	£15	305	£70.15	N/A
4/3/13	From home (NP58 3RZ) to Thistle Hotel, Birmingham B28 0YH CSA Preparation course	N/A	07.40	N/A		N/A	N/A	
5/3/13	From Thistle Hotel, Birmingham B28 0YH to home (NP58 3RZ) CSA Preparation course		N/A	17.30	£55 £20 £5			£65 train £5 Taxi
25/6/13	From surgery (NP52 5LB) to Angel Hotel, Abergavenny NP7 5EN	N/A	08.05			56	£12.88 £1.12 (passenger Dr JB-see below)	£7 Car Park fee
25/6/13	Return to home (NP58 3RZ) Dermatology course			18.15	£15			
14/7/13	From home (NP58 3RZ) to Nevill Hall Hospital (NP7 7EG)	N/A	08.50			N/A	N/A Passenger with Dr Who, (Trainer)	N/A
14/7/13	Return to home (NP58 3RZ) Child Surveillance Course			13.55	£5			
<b>For NWSSP use only (confirmed or adjusted amounts)</b>								

#### Details of Passengers:

Name	Address	Status
Dr Joseph Bloggs	ABC Surgery, W99999	GP Registrar

#### **All completed forms should be posted to:**

Contracts Management Department  
 NHS Wales Shared Services Partnership  
 Primary Care Services  
 1<sup>st</sup> Floor Cwmbran House  
 Mamhilad Park Estate  
 Pontypool  
 Torfaen NP4 0XS

## Annex 1

### Current Rates for Business/Regular User Mileage

<b>Cars</b> Standard User	Engine Capacity <b>Up to 1000cc</b>	Engine Capacity <b>1001 to 1500cc</b>	Engine Capacity <b>1501 to 2000cc</b>	Engine Capacity <b>Over 2000cc</b>
Up to 3,500 miles	<b>37.4</b> pence/mile	<b>47.3</b> pence/mile	<b>58.3</b> pence/mile	<b>58.3</b> pence/mile
3501 – 9000 miles	<b>23.0</b> pence/mile	<b>28.2</b> pence/mile	<b>33.5</b> pence/mile	<b>41.0</b> pence/mile
9001 – 15,000 miles	<b>17.8</b> pence/mile	<b>20.1</b> pence/mile	<b>22.7</b> pence/mile	<b>25.5</b> pence/mile
Thereafter	<b>17.8</b> pence/mile	<b>20.1</b> pence/mile	<b>22.6</b> pence/mile	<b>22.6</b> pence/mile
<b>Motor Cycles</b> Standard User	Engine Capacity <b>125 cc or less</b>		Engine Capacity <b>Over 125 cc</b>	
Up to 5,000 miles	<b>17.8</b> pence/mile		<b>27.8</b> pence/mile	
Over 5,000 miles	<b>6.7</b> pence/mile		<b>9.9</b> pence/mile	
Passenger Allowance	<b>5</b> pence per mile per passenger			
Public Transport rate	<b>24</b> pence per mile			
Pedal Cycles	For local agreement, subject to a minimum of 10p per mile			

<b>Cars</b> Regular User	Engine Capacity <b>Up to 1000cc</b>	Engine Capacity <b>1001 to 1500cc</b>	Engine Capacity <b>Over 1500cc</b>
Annual Lump Sum (paid in monthly instalments)	<b>£508</b>	<b>£626</b>	<b>£760</b>
Up to 9000 miles	<b>29.7</b> pence/mile	<b>36.9</b> pence/mile	<b>44.0</b> pence/mile
Thereafter	<b>17.8</b> pence/mile	<b>20.1</b> pence/mile	<b>22.6</b> pence/mile

## ANNEX 2

# All Wales NWSSP-PCS GP Registrar Business Mileage Claim Form

GP Registrar Name .....

GMC Number .....

Name of Trainer .....

Training Practice Address: Main: .....

Branch .....  
(if applicable)

GP Home Address .....

Period of Claim from ..... to .....

### Car Details

Make / Model ..... Engine Capacity (cc) ..... REG. No. ....

Mileage from Home to Training Practice Main Surgery ..... (ONE WAY)  
Branch Surgery ..... (ONE WAY) (if applicable)

I AM LEAVING THE ABOVE TRAINING POST ON ..... (enter date if applicable)

I DECLARE THAT:

- The travelling expenses and allowances claimed are in accordance with the National Health Service (Wales) Act 2006 and GP Registrar (Amendment) Directions 2008 & 2009 and are in connection with official visits to the places indicated on the date(s) shown overleaf.
- I have made no other claim on any public body for expenses or allowances in connection with the business stated.
- There has been no change in my travelling arrangements/duties, or my travelling duties changed on ..... (date)
- Where a claim for mileage is made, my vehicle was properly taxed and insured and a valid MOT held (if appropriate) throughout the period of the claim.
- I declare that the information given is true and complete to the best of my knowledge.
- I consent to the disclosure of the information on this form to the Counter Fraud Services for the purposes of fraud prevention, detection and investigation.

Please note that the NWSSP will use AA Route Planner to validate or amend the mileage based on postcodes from the start of the journey to the destination based on the shortest route. The mileage claimed may, therefore, be adjusted as a result of this check.

Claimant's Signature ..... Date .....

I certify to the best of my knowledge and belief that the claimant was engaged on the service of business stated on the date(s) shown overleaf and that the amounts claimed are in accordance with the Health Service (Wales) Act 2006 and GP Registrar (Amendment) Directions 2008 & 2009. I also confirm that the claim has been checked and I am satisfied with the claim totals.

**Please ensure this claim is signed by the claimant and is authorised by the GP Trainer or Practice Representative. Incomplete forms will be returned and reimbursement will therefore be delayed.**

Signature of Certifying Officer: ..... Designation .....  
Certifying Officer's Name in Capitals ..... Date .....





## Annex 3

### Current Rates for Travel and Subsistence Expenses for Section 2/63 Courses

#### Travel Rates

- **Car journeys**- 23 pence per mile, plus 2 pence per mile extra per additional passenger.
- **Train, taxi, bridge tolls, underground fares** etc. refundable if receipts are supplied.

#### Subsistence

- If doctor is away **over 5**, but **under 10** hours - £5.00.
- If doctor is away **over 10** hours - £15.00.
- If doctor stays overnight in a **Hotel** – up to £55.00 maximum per night (receipt required), plus £20 maximum meal allowance per 24 hour period.
- If doctor pays the full cost of a twin hotel room shared, they will only be entitled to **half of the accommodation cost** up to £55.00 maximum
- If doctor stays overnight with **friends or relatives** - £25.00 per night (no receipt required). Meal allowance is inclusive in this rate.



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## ANNEX 4

CUSTOMER  
SERVICE  
EXCELLENCE



### NHS Wales Shared Services Partnership – Primary Care Services

#### Claim for Subsistence and Travelling Expenses for Approved Section 2/63 Courses for General Medical Practitioners

##### Details of Claimant

Surname \_\_\_\_\_

Forename \_\_\_\_\_ GMC Number \_\_\_\_\_

Practice Address \_\_\_\_\_  
\_\_\_\_\_

Status:      GP Registrar          Course Organiser      
                  Assistant              GP Tutor                  
                  GP Trainer              Advisor                

If you are a GP Registrar please give the name of your Trainer: \_\_\_\_\_

##### Details of Course

Location/Name of centre \_\_\_\_\_

Subject \_\_\_\_\_

Starting date \_\_\_\_\_

Finishing date \_\_\_\_\_

Number of sessions approved \_\_\_\_\_

Number of sessions attended \_\_\_\_\_ Full session 2 ½ hours or more

\_\_\_\_\_ Half sessions 1 ½ - 2 ½ hours

\_\_\_\_\_ Third sessions 1 – 1 ½ hours

## Certificate of Attendance

To be completed by the Clinical Tutor, Course Organiser or other authorised person.

I certify that the claimant attended the course described on this form, which has been approved by the Regional Adviser under Section 2/63.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Notes on Expenses**

#### **Public Transport**

You can claim for public transport including first-class rail travel. Any refund will be based on the cost of available concessions, such as weekly tickets. If you have to be away overnight, you can only claim for one return journey.

#### **Private Transport**

If you use your own car, you can claim the current rate of mileage allowance for the shortest practicable route between your home and the place where the course is held. You can also claim 2 pence per mile for each eligible passenger taken to the same course. If you take any passengers, you must give details of them overleaf.

Please note that the NWSSP will use AA Route Planner to validate or amend the mileage based on post codes from the start of the journey to the destination based on the shortest route. The mileage claimed may, therefore, be adjusted as a result of this check.

#### **Night Subsistence**

Your actual expenses for each 24 hours absence from home will be reimbursed up to a maximum amount as determined by the regulations currently in force (or to a lesser amount as may be claimed).

#### **Day Subsistence**

There is a lower rate if you are away from home for between 5 and 10 hours and a higher rate if you are away from home for more than 10 hours.

**IN ORDER THAT YOU MAY BE REIMBURSED FOR TRAVEL/OVERNIGHT SUBSISTENCE IT IS ESSENTIAL THAT YOU SUBMIT HOTEL RECEIPTS/TRAVEL TICKETS ETC WITH THIS CLAIM FORM.**

**COMPLETED FORMS, TOGETHER WITH RELEVANT RECEIPTS, SHOULD BE RETURNED TO:**

<b>Health Board Area of Practise</b>	<b>Return Address</b>
Abertawe Bro Morgannwg (U) Health Board Aneurin Bevan Health Board Betsi Cadwaladr (U) Health Board Cardiff & Vale (U) Health Board Cwm Taf Health Board Hywel Dda Health Board Powys Health Board	NWSSP-PCS Contracts Management Dept Cwmbran House Mamhilad Park Estate Pontypool Torfaen NP4 0XS

Date	Full particulars of journey with postcodes (exact start and return postcodes must be used).	If journey is diverted please state reason	Departure time	Return Time	Day/Night subsistence	Round trip miles (For car journeys)	Cost of miles (23p per mile + 2p per passenger)	Fares/ Parking fees
<b>For NWSSP use only (confirmed or adjusted amounts)</b>								

**Details of Expenses**

**Details of Passengers:**

Name	Address	Status

**Declaration of Claimant**

- I declare that I incurred the expenses above when I attended the course described in this form.
- I declare that the information given on this form is true and complete to the best of my knowledge.
- I consent to the disclosure of relevant information on this form to Counter Fraud Services for the purposes of fraud prevention, detection and investigation.
- I claim the expenses listed on this form and enclose all relevant receipts.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For NWSSP-PCS Use only**

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Authorised by \_\_\_\_\_ Date \_\_\_\_\_

Amount to be reimbursed: £ \_\_\_\_\_