

LMC Sector Team engagement, validation and monitoring of general practice funding streams 2022/23
(correct as at March 2023; not exhaustive)

Over the past year the Londonwide LMCs team has been validating and tracking general practice funding streams; confirming ICB/borough allocations and agreeing mechanisms to monitor these on a regular basis, for example, an ICB finance lead to liaise with the LMC team. We have also asked practice managers and members for feedback on payment issues.

The result is a tracker capturing confirmed funding streams and local allocation, alongside specific plans for support for general practice by ICS/borough, as well as any identified action needed to draw down funds, and by whom. This is in addition to tracking delivery of ICS funds announced nationally via NHSE communications: [B1445 Update to the GP contract agreement: financial implications](#) ; [B1605 Primary care system development funding \(SDF\) and GPIT funding – Analysis of programmes and funding in 2022-23](#), and ; [B1998/PR1998 Supporting general practice, primary care networks and their teams through winter and beyond](#). *(Note: this does not include QOF; sections in grey have been completed and/or superseded; some targets are dependent on activity.)*

Whilst the work to identify and validate funds for general practice is ongoing, we wanted to share with you an overview of the tracking document. Additional fields on funding flows/ sign off processes, local and regional funding envelopes including by ICS, and specific updates including any delays in allocation are also tracked, they have been omitted from this published/ publicly accessible version. Further information is available on request from your LMC team.

Covid Funding 22/23 and 23/24 including: Autumn 2022 Covid-19 booster and flu vaccine programme

- [Letter template \(england.nhs.uk\)](#) includes: 'Responding to COVID, including COVID vaccinations, will continue to be an important subset of activity but on a smaller scale than in 2021/22.'
- Note: the Long Covid Enhanced Service 21/22 was preparatory for one year, and will not continue for 22/23. However, there may be NHSE funding to support the Long Covid Pathway and practices should contact their CCGs/systems for further information.

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
<p>24 February 2023 PR00271 Preparing for a successful spring 2023 COVID-19 booster campaign</p>	<p>Spring 2023 COVID-19 Booster Campaign will commence on 3rd April (date TBC) with vaccination in Care Homes with all other eligible cohorts to be vaccinated from 17th April.</p> <p>There will also be an Autumn booster campaign</p>	<p>Not stated Funding envelope to follow.</p> <p>Campaign start and end date: Visits to care homes should be planned to begin Monday 3 April 2023 and the spring 2023 COVID-19 booster campaign should be planned to formally commence on Monday 17 April 2023 and end on Friday 30 June 2023. In line with JCVI advice the offer of booster vaccinations will cease outside campaigns.</p>	
<p>3 September 2022 COVID-19 vaccination programme, Care homes incentives, Autumn 2022 <i>NHSE press release and NHS Futures publication without an official reference</i></p> <p>JCVI advise deployment of a single type of vaccine throughout autumn booster programme promotes simplicity and is therefore desirable.</p> <p>18 August 2022 Autumn COVID-19 booster and flu vaccine programme Ref C1684 10 August 2022</p>	<p>For Older Adult Care Homes and Non Older Adult Care Homes an outcomes based incentive from 12/9/22 to 23/10/22 only.</p> <p>For Autumn Govt have accepted final JCVI advice that the following to be offered a COVID-19 booster vaccine this autumn:</p> <ul style="list-style-type: none"> • residents in a care home for older adults and staff working in care homes for older adults (see above) • frontline health and social care workers • all adults aged 50 years and over • 5 to 49 years in a clinical risk group, as per Green Book • 5 to 49 years household contacts of people with immunosuppression • 16 to 49 years who are carers, as per Green Book. <p>JCVI advice for Covid-19 boosters is here Eligibility for and full info on seasonal flu programme is here</p>	<ul style="list-style-type: none"> •IOS from September dropped to £10.06 per dose. •Additional £10 for housebound, unable to leave house or needs significant assistance to leave house. <p>For care homes:</p> <ul style="list-style-type: none"> •£150 per “small care home” (1-10 residents) •£275 per “medium care home” (11-49 residents) •£400 per “large care home” (50-149 residents) •£525 per “very large care home” (150-250 residents) 	
<p>15 July 2022 •(JCVI) final recommendations for eligibility for autumn programme •COVID-19 Autumn booster and flu vaccine programme expansion C1674</p>	<p>Those eligible for a further dose:</p> <ul style="list-style-type: none"> • 50 yrs + • 5 to 49 yrs in a clinical risk group, inc pregnant women • 5 to 49 yrs household contacts of people w immunosuppression • 16 to 49 yrs carers 	<p>Not stated</p>	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
	<ul style="list-style-type: none"> residents and staff in care home for older adults frontline health and social care workers 		
<p>30 June 2022 Enhanced Service Specification: COVID-19 vaccination programme: [1] September 2022 to 31 March 2023 (phase 5) 30 June 2022, Version 1. C1652 Cover letter C1654</p>	<p>Spec for CV19 campaign</p>	<p>IOS from September reduced to £10.06 per dose. Sign up by 5pm 14/7/22. Additional £10 where the patient housebound, unable to leave house or needs significant assistance to leave house. <i>See also above, no care homes at this point.</i></p>	
<p>22 June 2022 NHSE letter Next steps for COVID-19 vaccination C1666</p>	<p>Covers 2 issues: 1 Completion of the Spring Booster campaign and vaccination offer to the end of August 2 • Planning for the delivery of an integrated autumn /winter campaign and responding to outbreaks (surge).</p>		
<p>14 June 2022 COVID-19 patient vaccination exemptions <u>COVID-19: toolkit for GPs and GP practices (bma.org.uk)</u></p>	<p>For England only - Government has introduced an exemption process for those who are unable to be vaccinated and/or tested for COVID-19 for medical reasons.</p>	<p>A payment of £44 triggered by the input of each medical exemption review onto the SCRa by the practice.</p>	
<p>13 June 2022 Identifying and inviting or signposting people who are immunosuppressed for the COVID-19 spring booster C1661</p>	<p>JCVI recommends immunosuppressed people 12+ (Green Book Annex A) should be offered a booster in the spring.</p>	<p>n/a</p>	
<p>31/5/22 New patient cohorts eligible for COVID-19 treatments 31/5/22 C1649</p>	<p>Hospital consultants have been asked to advise these patients of their eligibility, but if they are not contacted directly GPs may need to refer these patients for assessment by a CMDU if they test positive.</p>	<p>n/a</p>	
<p>19 May 2022 JCVI interim advice on autumn COVID-19 booster programme</p>	<p>Recommends boosters for more vulnerable adults, alongside frontline social care and health workers, to maintain protection over winter against severe CV19</p>	<p>n/a</p>	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
	<ul style="list-style-type: none"> residents in a care home for older adults and staff frontline health and social care workers all those 65 years of age and over adults aged 16 to 64 years who are in a clinical risk group 		
Guidance on 'pausing' LVS, HH/HH+ and VC sites 29 April 2022 C1640	<p>From April to September 2022 vaccination sites will be either:</p> <ul style="list-style-type: none"> Active Closed Paused 	n/a but see impacts below	
Primary Care Bulletin 14/4/22 Clinical Director contribution, based on 0.25 WTE	<p>From April - June 2022, an additional 0.25WTE CD time <u>where PCN Groupings are still actively providing COVID Vaccinations</u>. Funding is <u>contingent</u> on at least 1 practice actively participating in CVP. Where it is agreed with the local commissioner that a PCN will hibernate, the PCN would only be eligible if additional CD time needed to support surge planning and/or if they are reactivated.</p>	<p>£0.736 prp</p> <p>Note this is in addition to CD funding agreed as part of the 22/23 contract funding arrangements</p> <p>For qualifying PCNs, this funding is distinct from, and in addition to CD funding agreed as part of the 22/23 contract funding arrangements</p>	
23 February 2022 Next steps for the NHS Covid-19 vaccination programme planning and delivery C1597	<p>Planning for 2022/23 3 priorities:</p> <p>i)Continued access to C Vaccination</p> <p>ii) delivery of Autumn CV19 vax campaign if advised by JCVI</p> <p>iii)Development of contingency plans</p>		

PCN Funding

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
26 September 2022 PR/B1998 Supporting general practice, primary care networks and their teams through winter and beyond Immediate changes to the Network Contract DES Annex 1		n/a	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
<p>ICBs to complete a framework for Board assurance. ICBs to use the framework for a conversation with practices /PCNs to identify areas where support may be needed to improve patient access, staff experience to create a QI process supported by transformation funding. ICBs to submit themes not practice or PCN-specific information. ICS teams to submit by 21 October at the latest.</p>			
<p>26 September 2022 PR/B1998 Supporting general practice, primary care networks and their teams through winter and beyond Immediate changes to the Network Contract DES Annex 2 System development funding for primary care ICS to support existing and new work plans for</p> <ol style="list-style-type: none"> General practice support Retain and expand staff capacity Strengthen staff skills 			
<p>26 September 2022 PR/B1998 Supporting general practice, primary care networks and their teams through winter and beyond Immediate changes to the Network Contract DES Annex 3 ICB to scope for any additional capital funding for primary care during 22/23 including:</p> <ol style="list-style-type: none"> Digital interoperability including for enhanced access service delivery Rapid improvements in primary care estates to support ARRS roles Automation/back office functions in general practice 		<p>Confirmation of capital funding available awaited.</p>	
<p>21/12/22 NHSE email update from Will Huxter on spending in London based on PCN claims that have been through the portal. 26 September 2022 PR/B1998 Supporting general practice, primary care networks and their teams through winter and beyond Immediate changes to the Network Contract DES Annex 4 <i>Updates to ARRS</i></p> <ol style="list-style-type: none"> New role GP Assistant: Band 4 for admin, role based on HEE competency framework New role Digital Transformation Lead: banded 8a to support increased access; capped at 1 per PCN. Increase in cap on hiring advanced practitioners (AP): from 1 per PCN to 2 per PCN (double for those over 100k patients) Reimburse training time for nursing associates to become registered nurses who work in general practice. From April 2023 this will include senior nurse support. 		<p>26/9/22 PR1605 v1: Primary care system development funding (SDF) and GPIT funding guidance: analysis of programmes and funding in 2022/23</p> <p>£1,027M</p>	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
<ul style="list-style-type: none"> e. Increase ARRS max reimbursement rates for 22/23 to account for Agenda for Change (AfC) uplift. f. Remove min. 0.5 FTE restriction on clinical pharmacists once 18 mth training course complete or have equivalence/exemption from PCPEP pathway g. Contractually permit equivalent entry routes to PCPEP for clinical pharmacist (CP) role to formalise exemptions where CPs already have the skills. 			
ARRS (paid on a weighted patient basis) see B1445 Additional Roles Reimbursement Scheme (ARRS) To be uplifted in light of PR/B1998 ARRS changes	(Paid on a weighted patient basis) Part of NHSE 'expanding our workforce' to support PCNs, by providing additional roles to create bespoke multi-disciplinary teams. PCNs assess the needs of local population and, working with local community services, make support available to people where it is most needed.	To be uplifted to incorporate ARRS changes above. £16.696 Original ARRS funding of £634M plus £393M additional funding, total of £1027M nationally. Note: mental health worker posts are funded 50% by PCNs ARRS and 50% community trust, employment models vary.	
26 September 2022 PR/B1998 Supporting general practice, primary care networks and their teams through winter and beyond Immediate changes to the Network Contract DES Annex 4 Update to PCN service spec <ul style="list-style-type: none"> a. 8.9.1 and 8.9.2 Making changes to the anticipatory care requirements to support PCN capacity over winter and reflect revised natl approach of phased implementation of this model of care from April 2023 b. Remove the personalised care requirement for all clinical staff to undertake the Personalised Care Institute's e-learning refresher training for shared decision making (SDM) conversations. 			
26 September 2022 PR/B1998 Supporting general practice, primary care networks and their teams through winter and beyond Immediate changes to the Network Contract DES Annex 4 Updates to IIF incentives Deferring the following to 2023/24 <ul style="list-style-type: none"> a. ACC-02: number of online consultations per reg pt b. EHCH-06: standardised number of emergency admissions on or after 1/10/22 per CH resident >=18 c. IIF ACC-08: 5 of pats whose time of booking to apt was 2 weeks or less. Retiring		As at 26/9/22 with £37M removed, this seems to be a new total pot of £222.6M	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
<p>IIF ACC-05: by 31/3/23 to make use of GP patient Survey results for PCN to identify inequalities and develop a plan to resolve.</p> <p>Amending thresholds to make them easier to achieve:</p> <ul style="list-style-type: none"> a. IIF CVD-02 hypertension b. IIF PC-01 social prescribing referrals <p>Amending wording to make them easier to achieve:</p> <ul style="list-style-type: none"> a. CAN-01 increase permissible time between FIT result and referral times b. CVD-04 expand list of success criteria for high cholesterol and familial hypercholesterolaemia. 			
<p>Impact and Investment Fund (IIF) Superseded by 26/9/22 PR/B1998 Supporting general practice, primary care networks and their teams through winter and beyond see B1445 for addl allocation.</p>	<p>As at 26/9/22, £37M removed from national IIF fund as above.</p> <p>(was £225M plus £34.6M additional funding to cover 3 new indicators for Direct Oral anticoagulants (DOAC) prescribing and FIT testing for cancer referrals.)</p>	<p>As at 26/9/22 with £37M removed, this seems to be a new total pot of £222.6M</p> <p>(was)£225M plus £34.6M additional funding. £200 per point.</p>	
<p>26 September 2022 PR/B1998 Supporting general practice, primary care networks and their teams through winter and beyond New PCN Capacity and Access Support Payment</p>	<p>For PCNs to purchase additional workforce and increase clinical capacity. For 1 October 2022 to 31 March 202, £0.602 per PCN adjusted population as at 1/1/22 (equates to £0.100 per PCN adjusted pop'n per month over 6 months).</p>	<p>£37M</p>	
<p>Clinical Director Contribution based on 0.25 WTE</p>	<p>To be decided by PCN</p>	<p>£0.736 (per registered patient)</p>	
<p>Practice Network Participation Payment (NPP)</p>	<p>Payable to the practice if they sign up or continue to participate in the PCN DES</p>	<p>£1.76 pwp</p>	
<p>PCN Core funding</p>		<p>£1.50 prp (£0.125 prp per month)</p>	
<p>PCN mgt and leadership support on PCN adjusted population basis see B1445</p>	<p>Paid on adjusted population. Practices and PCNs can check on the NHSE calculator</p>	<p>£0.699 £44M plus an additional ICB allocation of £43M nationally, totalling £87M for PCN Leadership and Management.</p>	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
3 September 2022 London enhanced service launched to supplement national enhanced access	London enhanced access service to run from 1/10/22 to 31/3/23 Saturday evenings 5-8pm, Sundays 8-8 and Bank Holidays 8-8 in addition to the DES to create 7 day 8-8 service and take winter pressures off of UEC, 111, local hospitals. Note: some London PCNs have already submitted a plan for enhanced access DES including Sundays; where this is in addition to the DES required working hours, commissioners need to find a mechanism to ensure equity.	n/a	
Enhanced Access DES starting 1 October 2022 22/23 funding see B1445	01 October 2022 to 31 March 2023 This combines the current £1.44 per head Network Contract DES extended hours funding, the current £6 per head CCG-commissioned extended access services and a proportion of the current global sum element for out of hours services for 6 months only in 2022/23. Contracted hours are Monday-Friday 6.30-8pm plus Saturday 9-5pm. <i>Ability to flex provision within envelope subject to evidence of patient need and commissioner agreement.</i>	£3.764 multiplied by PCN's Adjusted Population (£0.627 per PCN adjusted population per month)	
Extended Hours Access Payment – now ceased.	This is for 1 April 2022 to 30 September 2022 only. On or before 31/7/22 The PCN must draw up plans in preparation for the implementation of enhanced access from 1 October 2022, to be agreed with the commissioner.	£1.44 per head or £0.720 multiplied by PCN registered list size (£0.120 ppt per mth)	
Care Home Premium	£120 per bed for 1/4/22 to 31/3/23	£55M nationally.	

GP Transformation Funding

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
26/9/22 PR1605 v1: Primary care system development funding (SDF) and GPIT funding guidance: analysis of programmes and funding in 2022/23 GP Transformational Support Fund	a.Support staff skills and capabilities; b.Improve ways of working, reduce unwarranted variation and increase efficiency; c.Drive integrated working Not for equipment, software or licenses. Examples = redesigning pathways Cloud-based telephony BI tools	£78M for 2022/23 Created by combining 2 earlier SDF funded programmes in primary care a. Digital First b. PCN Development	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
	Embedding ARRS staff Supporting enhanced access etc.		
General Practice Resilience Programme (GPRP) 26/9/22 PR1605 v1: Primary care system development funding (SDF) and GPIT funding guidance: analysis of programmes and funding in 2022/23 31 March 2022 B1445 'Update to the GP contract agreement 2022/23: Finance Implications' plus 'Primary care SDF and GPIT funding guidance': May 2021, PAR 0551	To support practices to become sustainable and resilient.	£8M for 2022/23 (£8.5M for 21/22, programme continues to 23/24) Allocated on fair shares basis.	
GPFV Improving Access Funding Time limited <i>B1445 total included, subject to transferring to the Enhanced Access DES from 1/10/22</i>	Note: this is time limited until end September 2022 , when it is moved to PCNs as part of the Enhanced Access DES above.	£6 per head Note: Provision and model varies across London, with most areas providing through hubs run by Federations or other at scale providers.	

Practice funding

General Practice Funding, recovery, temporary contract changes and any income protection: (Local and Direct) Enhanced, PMS and Public Health Service delivery

Note: LESSs, LCSs, LISs OOHS (Out of Hospital Services) PMS Commissioning Intentions and Public Health Services etc vary by borough as well as ICS.

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
December 2022 Funding confirmed October 2022 guidance from NHSE re Acute Respiratory Infection Hubs	Hubs set up to manage Group A Strep infections (iGAS) and winter pressure. Each to serve approx. 250K patients. 15 weeks funding to 31/3/23 Same day and f2f Appts, to be prioritised for paed.	Up to £40M nationally Non-recurrent for local use where local funding not available for additional capacity only.	
12 October 2022 email from NHSE 10 August 2022 UK Health and Safety Agency (UKHSA) and JCVI, children in London	London GPs to offer appointments to c. 905K eligible children aged 1-9 for polio vaccine or booster by 26/9/22. 1 st stage is to contact cohort of c. 160K children in north and East London. No prior consultation with BMA or LLMCs. Both escalating in	Total not specified. No additional national resources offered, however, NCL ICS has offered additional resources and other ICSs may pursue this with NHSE.	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
1-9 to receive polio vaccine or booster	light of timelines, workforce, workload, lack of supporting resources.		
21 June 2022 NHSE/I operational guidance 2022/23 Guidance and funding process for supporting additional commissioning costs for primary care services to destitute asylum seekers in contingency accommodation (hotels)	£150 for each new arrival in 2022/23 to contribute to CCG/ICB's additional costs in securing additional GP practice registration capacity and the delivery of initial health assessments. Other costs re urgent/emergency costs covered by other budgets. This does not cover GP registration, which is already covered by other budgets but this can be used for a LES for GP additional services needed over and above core.	Total not specified Template LES attached for agreement with local commissioners -Initial Health Assessment not expected to be more than £150 per patient.	
14 June 2022 NHSE/I letter PAR1604 Meeting the initial health needs of people arriving in the UK from Ukraine	Support for GPs to register and provide health checks etc for individuals and families arriving under the Ukraine Family or the Ukraine Sponsorship (Homes for Ukraine) Schemes1 to UK residential addresses.	Total not specified Template LES attached for agreement with local commissioners -Initial Health Assessment not expected to be more than £150 per patient.	
Update to contract Agreement 22/23 Financial Implications B1445 Subject Access Requests	Continuation of funding in global sum for 1 additional year to reflect workload. (Original guidance was this would cease beyond 2021/22)	£20M	
18/7/22 NHS Digital Weight Management Programme Healthcare professional toolkit published Update to contract Agreement 22/23 Financial Implications B1445 Weight Management Service	Toolkit published with Eligibility criteria: • Over the age of 18 • BMI of 30+ (adjusted to ≥27.5 for people from black, Asian and ethnic minority backgrounds) • Diagnosis of diabetes (Type 1 or Type 2) or hypertension or both. Indicative at this stage, based on 2020 obesity registers. Continuation of weight management service	£11.5M £11.50 per referral, but needs to have explicit patient agreement. GP referrals to be made through E-RS	
LESs/LCSs/LISs	Monitoring of any income protection, service reviews and equalisation with a view to ensuring that	Sums vary by ICS. Most London ICSs are carrying out a review to reduce inequalities in access to services for patients by creating a standardised offer across their boroughs.	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
	General Practice funding is ringfenced and not lost when the CCG joins the ICS.		
PMS funded services	PMS contract review – premium funding reallocated to ensure GMS PMS APMS can access same local commissioning intention services.	Although reviews may have finished and practices reverted to GMS, funding should remain in General Practice.	<div style="background-color: red; height: 15px; width: 100%;"></div>
Public Health Services	To increase rate of annual health checks 14+ to ambition of 75% by 23/24, improve accuracy of GP registers and implement actions from Learning Disability Mortality Reviews (LeDeRs).	£75M	<div style="background-color: yellow; height: 15px; width: 100%;"></div>
Learning Disabilities Health Check Service	To increase rate of annual health checks 14+ to ambition of 75% by 23/24, improve accuracy of GP registers and implement actions from Learning Disability Mortality Reviews (LeDeRs).	£75M	<div style="background-color: yellow; height: 15px; width: 100%;"></div>
Special Access Scheme (SAS) formerly the Violent Patients Scheme	Designated GP practices provide services to patients by appointment at specific locations and times as detailed in individually agreed contracts. Patients join the scheme after being immediately removed as a result of an incident that was reported to the police.	n/a	<div style="background-color: green; height: 15px; width: 100%;"></div>
Minor Surgery DES		Paid on a 'per procedure' basis	<div style="background-color: green; height: 15px; width: 100%;"></div>
Flu DES update 15/7/22 C1674 press release by Department of Health and Social Care (DHSC) on gov.uk for England	Widening of free flu jab offer once most vulnerable groups jabbed inc. <ul style="list-style-type: none"> • pre-school and primary school children, • 65 yrs + • Those at clinical risk. Additional groups: <ul style="list-style-type: none"> • 50-64 yrs • secondary school children yrs years 7, 	Not given	<div style="background-color: green; height: 15px; width: 100%;"></div>

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
	8 and 9, youngest first.		
<p>Flu DES update Gov.uk 22 April 2022 Flu</p> <p>2 March 2022 Flu DES 2022/23 PAR 1395 B1395 Reimbursable vaccines and eligible cohorts for the 2022/23 NHS Seasonal Influenza (flu) Vaccination Programme 2 March 2022 Version 1</p>	<ul style="list-style-type: none"> • 2+3 yrs children on 31 August 2022 • primary school aged children (reception to Year 6) • 6 months to under 65 yrs in clinical risk groups • pregnant women • 65 yrs and over • those in long-stay residential care homes • carers • close contacts of immunocompromised individuals • frontline staff employed by the following types of social care providers without employer led occupational health schemes: <ul style="list-style-type: none"> a registered residential care or nursing home a registered domiciliary care provider a voluntary managed hospice provider Direct Payment (personal budgets) or Personal Health Budgets, such as Personal Assistants <p>Cohorts that were eligible in the 2021 to 2022 season but that are not included in the cohorts for 2022 to 2023 are:</p> <ul style="list-style-type: none"> • 50 to 64 years • secondary school children in Years 7 to 11 (between 11 and 15 years of age on 31 August 2022) <p>There are 2 Flu DESs for 22/23, Specs awaited.</p> <p>1 Eligible adults and at-risk groups</p> <p>2 Childhood seasonal vaccn for aged 2 and 3 yrs on 31/8/22</p> <p>Practices to provide proactive call and recall service.</p>	Not given	

Workforce Programmes

- **2023 January – as shared by NCL, ICSs are required to return a Primary Care Monitoring Survey for the GP (and Nurse) Fellowship Scheme, Supporting Mentors Scheme, Local GP Retention Fund, Flexible Staff Pool and GP Retention Scheme based on applications/staffing numbers rather than costs.**
- ARRS information is under the PCN DES above.
- 26/9/22 PR1605 v1: Primary care system development funding (SDF) and GPIT funding guidance: analysis of programmes and funding in 2022/23 for 9 workforce programmes:
 - a Additional Roles Reimbursement Scheme (ARRS); (see above)
 - b General practice fellowships for GPs and nurses new to practice;
 - c Supporting mentors' scheme;
 - d New to partnership payment scheme;
 - e International GP Recruitment Programme, International Induction Programme, and visas
 - f Local GP Retention Fund;
 - g Flexible staffing pools;
 - h Practice Resilience; and
 - i Training Hubs.
- Note 31 March 2022 B1445 'Update to the GP contract agreement 2022/23: Finance Implications' states
 - 1) The following allocations are set for the year now and are based on fair shares allocations:
 - a) Training Hubs
 - b) Practice Resilience
 - c) Online Consultations
 - d) GP IT Infrastructure
 - 2) Access funding is also set for the year and further information on the H1 and H2 allocations is provided above and in Appendix A.
 - 3) Allocations for the following Programmes will be based on fair shares for Q1 and funding for subsequent quarters conditional on actual spend and plans in place:
 - a) Local GP Retention
 - b) Fellowships
 - c) Supporting Mentors
 - d) Transformational Support, which is a combination of:
 - i) PCN Development,
 - ii) Digital First
 - iii) Flexible Staffing Pools This funding will be disaggregated into these individual programmes for 2022/23 for the next iteration of plans - and the Primary Care Group will provide that analysis as part of the detailed SDF and GPIT guidance. For planning purposes, commissioners can assume a full spend against the Transformational Support funding in the Appendix.
 - 4) Regional Primary Care Transformation (PCT) Implementation funding will be available and conditional on spend as follows:
 - a) Regions will receive half of the allocation at the beginning of the year and then
 - b) a review will take place at the half year point to decide funding for the 2nd half of the year. This funding combines all previous funding covering:
 - i) Regional Primary Care staff,
 - ii) Digital First Staff,
 - iii) Primary Care Network Staff and
 - iv) Clinical Leadership staff

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
Primary Care Bulletin 9/12/22 HEE funding offer for Trainee Nurse Associate (TNA) places in general practice	PCNs to bid nationalnursingandmidwiferyteam@hee.nhs.uk by Monday 9 January 2023 to the Primary Care Apprenticeship Programme for additional funded places for TNAs starting in March 2023 . •£4,000 per year per TNA •Up to £15k apprenticeship levy	Total not given.	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
	PCNs can claim 100% of TNA salary. TNAs spending 50% or more time working with people who have a learning disability and/or autistic people eligible for additional funding:£7,900 per apprentice.		
Targeted Enhanced Recruitment Scheme in England (TERS) TERS In England (hee.nhs.uk)	For posts between August 2022 and February 2023. A one off payment of £20K to GP Specialty Trainees committed to work for 3 years in areas identified by the GP National Recruitment Office (GPNRO) as having the hardest to recruit to training places in England: a history of under-recruitment or that are under-doctored or deprived.	Part of a national Recruitment and Retention programme	
General Practice fellowships for GPs and nurses new to practice	2 year programme of support, focus on working within and across PCNs. Outcomes: offered to 100% completing training in 22/23 and increased conversion rates to FTEs.	£43M for 22/23 (Note this is a drop, was £55M minimum for 21/22)	
Supporting Mentors Programme	Experienced GPs to support less experienced GPs and increase retention.	£8.4M for 22/23 initial upfront fair shares in Q1 then adjusted in later Qtrs for actual (21/22 was £8.1M)	
New to Partnership Payment Scheme Note: Dec 21 scheme extended to 22/23 and requirement to apply within 6mths of starting ptrship removed.	To grow number of partners and equivalent and stabilise the model.	£20M indicative for 22/23: Up to £20K plus on-costs up to £4K for WTE and up to £3K training in non-clinical skills.	
International GP Recruitment Programme (IGPR), International Induction	To enable internationally qualified GPs to work in NHS; to support international medical graduates (IMGs) by reimbursing employing practice. To increase overall number of FTE GPs.	Note – IGPR now closed to new applicants, but over 40 doctors continuing training. International Induction Programme: NHSE reimburse employing practices for	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
Programme, and Visas		salary and on-costs including visa sponsorship.	
Local GP Retention Scheme	To support GPs at point of transition in career Embed new ways of working and flexibility.	22/23 £12M	
Flexible staffing pools	Support capacity in General Practice Allow for better visibility of local resource to optimise deployment Create a new structure and better offer for local GPs wanting to work flexibly. Can be used to directly employ permanent GPs to work flexibly across an area, or engage GPs on a temporary basis to meet local need.	£5.04M for 22/23 NHSE established a framework for ICBs to procure a digital pool to assist local practices to match supply and demand, and automate invoicing. Updates to be provided through Primary Care Monitoring Survey.	
Practice resilience See GP Transformation above			
Training Hubs	To meet training needs of Multidisciplinary primary care teams. They should support ARRS and GP recruitment and retention, induction, training development and supervision of ARRS roles. Plus meet needs of primary care sector eg QI, change management, new ways of working and models of care.	£12M Should be a standard core service from April 2022, following 2021 procurements.	
Returning to Practice – UK			
22/23 information awaited		Baseline	
		Baseline	
		Baseline	
		Baseline	

IT and Estates

Note: as at June 2022, GP IT capital funding for 2022/23 not yet released and planned budget(s) not known. [NHS England » Funding](#)

The Revenue finance and contracting guidance 2022/23 [Report template - NHSI website \(england.nhs.uk\)](#) states under 161 that technology funding will begin to be allocated directly to systems before the start of the financial year rather than asking organisations to bid for it to allow systems to plan.

There will also be central funding for digital maturity and the planning guidance [20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf \(england.nhs.uk\)](#) costed three-year digital investment plans should be finalised by June 2022 in line with What Good Looks Like (WGLL).

- Note: 26/9/22 PR1605 v1: Primary care system development funding (SDF) and GPIT funding guidance: analysis of programmes and funding in 2022/23 covers

a. Online Consultation Software

- b. GPIT – Baseline GPIT Revenue
- c. Additional GPIT Revenue
- d. GPIT ‘Business as usual’ Capital
- e. GPIT Future Framework funding – for core GPIT systems
- f. Primary Care Estates Development

The default route for the procurement of digital products for general practice and PCNs is via the Digital Care Services Catalogue

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
4/10/22 NHS England additional non-recurrent revenue funding (notified in ltr from NWL ICB 11/11/22)	To support bids for GPIT and Estates schemes in 2022/23	Not specified, bids submitted October 2022	
Existing Frontline Digitisation commitments: DIGITAL FIRST SUPPORT (transformation)	Launched in 2019 for 5 years, this is the 4 th year. Use of digital and online tools to improve access to core primary care services.	22/23 £68M capital	
Online consultation software	Online consultation software was re-procured in 21/22.	£15M for software, licences, deployment, implementation, fair shares basis	
GPIT - Baseline GP IT revenue	To provide support for GP practices and additional roles associated with PCNs.	£256.586M	
Additional GPIT revenue – SDF funded	Supports CCGs to manage upgrade initiatives. Seen as a ‘top up’ to other funding, This yr’s priorities: practice business continuity and replacing any temporary remote working solutions, deployed in pandemic and no longer appropriate. Instead, consider virtual desktop infrastructure and flexibility..	£13M allocated on fair shares basis to ICBs for full year	
GPIT ‘business as usual’ commissioner capital	To refresh GPIT estate for practices and additional roles any remaining funds can be invested in IT developments to improve staff and patient experience.	This is not SDF but part of overall capital allocation.	
GPIT Futures Framework Funding	Revenue (not SDF) for ICBs to take responsibility for managing their allocation and making	£108.5M (£ per regd patient) Requests for costs up to £1.70 to be met	

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
– for core GPIT systems using Digital Care Services Catalogue	decisions re procurement and re-procurement of clinical systems.	centrally, costs above this to be met locally.	
Primary Care Estates Development SDF	Building on Estates & Technology Transformation Fund (ETTF), PCNs to develop estates plans. Capital = eg new treatment rms, improved reception and waiting areas, new facilities for minor injuries; better IT systems; extending facilities to accommodate wider range of staff; building new health centres. Revenue = Business case devt for capital schemes Development of PCN estates needs One off support for planning additional space or reconfiguration.	Capital funding for 22/23 allocated as per the NHSE regional pipeline of schemes. Max revenue funding is £20M. This should support ARRS, additional GPs and trainees. London ICSs are using similar advisory firms and joint leadership/modelling processes to establish a standardised approach to estates planning, including consideration of planned workforce, sustainability and IT needs. June 2022: there will be a London wide bid for funds rather than by London ICS. As at June 2022 bid not yet made or agreed.	
London ETTF underspend used for ICS surveys to develop ICS Estates Strategies	Project management support for development of estates strategies including PCN estates strategies – started Nov 2021, survey to be completed by May 2022		
London Improvement Grant Programme launched 26 November 2021, to be completed by end 2022/23	Premises development not including building extensions (apply direct to CCG/ICS for this aspect). Criteria in Premises Cost Directions 2013	Timetable: London ICSs to prioritise April 2022. NHSEL to apply for capital funding May 2022 based on eligible bids. Capital allocation tbc May/June 2022. Due diligence and implementation starts from June 2022 onwards	
Telephony Funding Allocation Offer: Cloud Telephony This was part of the October 2021 letter 'Our plan for improving access for patients and supporting general practice' which prefaced the 21/22 winter access fund, See Paras 19, 20, 21.	One-off contribution to improve telephony by transitioning to or enhancing cloud based telephony.		

Funding Stream	Purpose	National Allocation	RAG rating for full and appropriate receipt in General Practice by year end
Ongoing until 30 April 2023 Temporary contract changes 7 December 2021 C1475			

Other National/ICS/STP/Borough one-off/discretionary funding streams

Funding streams set up/accessed by London/ICS/STP/Borough to meet an identified local need; these could be shared as good practice to encourage support for General Practice development and sustainability across London

Funding stream	Purpose	Total allocation, including timescale (recurrent, non-recurrent, duration)	RAG rating for full and appropriate receipt in General Practice by year end
November 2022 NWL ICB Winter Resilience Funding (not national Winter Access Fund/WAF)	To support general practice winter pressures	£750K for 22/23 only	
22 June 2022 Healthy London Partnership (HLP)	HLP pilot programme to support London social prescribing link workers improve delivery in primary care. Applications open 22 June 2022 and deadline is 11:59pm 20 July 2022.	Non-rec Up to £10K and 6 mths support to tackle delivery of a social prescribing project.	
14 April 2022 Health Innovation Network: <u>Health Innovation Funding Opportunities - Health Innovation Network</u> NHSEL Digital First Programme	Automation grants available up to £65k each for pilots and projects across London. Application by 9am on Monday 18 July.	Non-rec Up to £65K per pilot. Duration 12 months post-award (inc pre-project and dev't time). Pilots to be monitored against agreed metrics, qtrly reports to grant team. Final evaluation to review outcomes and possible adoption of project.	

<p>17 July 2022 Healthier Futures Action Fund announced</p>	<p>Aims to support individuals and teams to kick-start innovative initiatives to improve health and patient care, reduce inequalities, and deliver vfm, to support a diverse range of health and care improvement projects, processes, products or pathways.</p>	<p>Non-rec The fund is open to individuals and teams within the NHS, clinical and non-clinical, for bids £3,000-£15,000.</p>	
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