

## New to Partnership Payment Scheme: Application Form

Making primary care a great place to work

The New to Partnership Payment scheme is a commitment made in the '[Update to the GP Contract 2023/24](#)' document. It is a nationally managed scheme aimed at supporting registered health care professionals to become practice partners (or equivalent) through creating a learning fund to develop skills, coupled with a financial payment. The overarching aim is to grow the number of partners and individuals with equivalent status working in primary care, stabilising the partnership model and helping to increase clinicians' participation levels so that primary care and the patients it serves have access to the workforce they need.

To apply please complete the below application form and email\* along with your supplementary evidence to:

[england.newtopartnershipenquiries@nhs.net](mailto:england.newtopartnershipenquiries@nhs.net)

*\*Clicking submit form (located on the banner at the top of your PDF window) will automatically send the PDF to the above email address. To note: the submitted form may appear in the outbox of your email client.*

### Privacy Notice

NHS England's Privacy Notice (<https://www.england.nhs.uk/contact-us/privacy-notice/>) describes how we use personal data and explains how you can contact us and invoke your rights as a data subject. We will process your information in accordance with the requirements of the Data Protection Act 2018. In addition the New to Partnership Payment Privacy Notice describes how the your personal data will be used for the purposes of this scheme (<https://www.england.nhs.uk/gp/the-best-place-to-work/new-to-partnership-payment-scheme/>).

The New to Partnership Payment scheme is asking for personal information via:

- Application Form
- Annual Monitoring Form and,
- Equality and Diversity Monitoring Form

This is collected on behalf of NHS England by NHS North of England Commissioning Support Unit (NECS)

All information provided to us will be treated as confidential and will be handled accordingly; it will only be used for the purpose of considering your application and monitoring the Scheme. If you have any concerns, please contact us:

[england.newtopartnershipenquiries@nhs.net](mailto:england.newtopartnershipenquiries@nhs.net)

## Section 1: General Application Details

Surname:	First name(s):
Street/building:	Town or City:
County:	Postcode:
Home Tel:	Work Tel:
Mobile No:	Email:

**Please now navigate to the next relevant section:**

- If you are a General Practitioner go to **section 2**
- If you are a General Practice Nurse, then please go to **section 3**
- If you are another Health Care Professional\* go to **section 4**

\*Where a person falls within the definition of "health care professional" pursuant to section 86 of the NHS Act 2006 they can qualify to participate in this scheme. "Health Care Professional" is defined as a person who is a member of a profession regulated by a body mentioned (at the time the agreement in question is made) in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002. For the purpose of this application these bodies are: General medical council; General chiropractic council; General pharmaceutical council; The Nursing and midwifery council; Health and care professions council;

## Section 2: Application from a GP

Provide your GMC Number:

Are you any one of the following: *(please tick all that apply)*

GP returning to practice after a career break:

International GP (having taken part in NHS England's International GP Recruitment scheme):

A new to practice GP:

Participating in the General Practice Fellowships scheme:

**[Please go to section 5](#)**

### Section 3: Application from a Nurse

Provide your NMC PI :

Are you any one of the following:(*please tick all that apply*)

Returning to practice after a career break:

Worked in another setting prior to this partnership role:

Participating in the General Practice Fellowships scheme:

**[Please go to section 5](#)**

### Section 4: Application from a Allied Health Professional or Clinical Pharmacist partner

What is your profession?

Provide your registration number for your appropriate regulatory body?

**[Please go to section 5](#)**

## Section 5: About your current working arrangements

Please select from the drop down:

What is your full time equivalent (FTE) in your partnership role?

Note: Full time is 37.5 hours per week and equates to 1 FTE. Dividing your contracted hours per week by 37.5 will calculate your FTE.

How many clinical sessions do you work on average per week in your partnership role?

Note: the scheme requires you to deliver a minimum of two clinical sessions per week throughout the duration of the arrangements for the payment

Have you increased your number of sessions since becoming a partner?

If so by how many?

## Section 6: About the Partnership Agreement

Please provide details of the practice you have joined as a partner:

Name of Practice:

ODS Code:

Street/building:

City or Town:

County:

Postcode:

## Documentation Requirements

Please provide a copy of the following document:

- Signed Partnership Agreement
- Current GMS/PMS/APMS contract
- Where providing services under a PMS contract, evidence to show broad comparability to the accepted definition of a partner (please refer to slide 4 of the Guidance)



## Declarations and Signatures

Please provide a written signature to show that you agree the following statements and that you agree to abide by the requirements of the programme.

### The Applicant (New Partner)

I declare that:

- I have not been a partner in a general practice in England previously;
- I have not previously received any similar grant or incentive payment; and
- I will be actively involved in the delivery of clinical services to patients.

I agree to accept the terms and conditions of the payment, and agree to return the grant [paid to me by the practice], in part or in full if my circumstances change that affect my eligibility, including if I cease to be a partner in this or another practice during the five-year period.

Name:

Signature:

Date:

### Practice

On behalf of the practice, I acknowledge our support of this application to this scheme and I am aware we will receive the grant payment to pass to the applicant. The partners in the practice agree to the terms and conditions of the grant payment and will duly sign the S96 Grant Agreement prior to receipt of the grant payment.

I confirm that the practice has undertaken all appropriate checks prior to admitting the applicant to the partnership, including obtaining proof of eligibility to work in England, proof of registration with the corresponding professional body and confirmation that they are entered on the performers list.

Name:

Position:

Signature:

Date:

Name of the practice:

ODS Code: