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Primary care system development funding (SDF) and GPIT funding guidance:

Analysis of programmes and funding in 2022/23

Version 1, 26 September 2022

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Context

1. NHSE Primary Care Group provides Primary Care 'System Development Funding' (SDF) to health systems each year under the Long Term Plan. For 2022/23, the formation of Integrated Care Boards (ICBs) and the publication of the Fuller Stocktake report[1] provide a fresh impetus to ensure primary care is strengthened and supported.

2. We want to encourage systems to use Primary Care SDF to build an expanded and resilient workforce supported by an underpinning coordinated approach to Primary Care improvement and development. SDF is grouped into two overall themes – Transformation (which includes digital transformation) and Workforce. The overall intention is to ultimately improve peoples' access, experience, and outcomes in Primary Care.

3. Next Steps for Integrating Primary Care[1] sets out ambitious commitments to support primary care by taking a system-led approach to drive improvements and an ambition to develop Integrated Neighbourhood Teams (INTs) that move beyond PCNs as a fundamental building block of an ICS. Delivery of this ambition will require primary care leadership, support, and system-led investment in transformation capacity.

4. Using Primary Care SDF, ICSs should support general practice and PCNs to:

    a. understand the type and intensity of support needs of their general practices and distribute resource to **where it is needed most**

    b. retain and expand staff capacity (e.g. making full use of ARRS roles and supporting retention of existing staff)

    c. strengthen staff skills and capability to lead change, and build high performing teams

    d. improve ways of working that support timely access for patients and carers to Primary Care – particularly by enabling:

        i. effective matching of demand and capacity,
        ii. provision of inclusive and equitable access routes,
        iii. effective use of digital tools and use of triage and navigation processes to route people to the right person or service (including community pharmacy or self-referral options)
        iv. improved continuity for those people where it would be most beneficial,
        v. improvements in operational efficiency,
        vi. reduced unwarranted variation and spread good practice (e.g. through accessing and analysing relevant data taking a population health management approach)

[1] NHS England » Next steps for integrating primary care: Fuller stocktake report

vii. support for integrated working at neighbourhood and place level (e.g. establishing hubs, enhanced access provision)

5. To make this change a reality, and building on the SDF funding provided in previous years, ICBs should ensure they provide Primary Care transformation support. Ideally existing support offers should be brought together into an aligned function that can help practices and PCNs to achieve the objectives described in paragraph 4 above. The approach to transformation should aim to foster a learning culture in primary care and establish long term relationships to enable change.

6. Understanding different practice needs, challenges and contexts will be fundamental to providing support. Practices and PCNs will require a diverse range of support such as organisational development (OD), quality improvement (QI), analytics, digital, service design etc. ICSs will need to create the right conditions and culture for change, including creating time for practices to participate in improvement activities.

7. Throughout the design of all Primary Care SDF spending, there should be strong engagement with PCNs and practices as partners in the ICS. The aim is to agree the best use of funds and how improvement support can be best delivered - aiming for full spend of 2022/23 funding by Q4. This should include investing in organisational development of PCNs to enable their active participation in wider ICS planning and improvement activity.

Primary Care SDF finance monitoring

8. All programmes funded from Primary Care SDF have defined coding and guidance to strengthen both national and local reporting. From 2022/23, primary care coding will change to a Sub Analysis A3 code. Each programme will have its own defined code prefixed with 'PCT' – "Primary Care Transformation" (NB: Additional Roles Reimbursement Scheme (ARRS) has a different set of defined codes).

9. There are the following sections in this paper:

Section 1: GP Transformation

Section 2: Workforce programmes

Section 3: GPIT

Appendix 1: System Allocations

Appendix 2: Workforce funding

Appendix 3: GPIT

Appendix 4: Coding

Section 1: GP Transformation Funding

a. GP Transformational Support Fund

Overview

10. The **GP Transformational Support Fund** has been created from combining the previous two SDF funded programmes within primary care:

    a. Digital First,
    b. PCN Development

Funding available and method of allocation

11. The combined fund will total £78m for 2022/23.

12. Systems should plan the spend of this funding on the areas set out below.

13. Initial fair shares allocations of this fund were issued in Q1, the remaining funding will be allocated out through Q2 and/or Q3. Indicative allocations are set out in appendix 1, but actual amounts and timing of Q2/Q3 payments will be confirmed and transferred to ICSs following discussion and agreement between ICSs and relevant NHSE regional teams on spending plans. ICSs and NHSE teams will have iterative discussions over the remainder of the financial year on delivery, progress and issues to support shared understanding of the use and impact of the fund.

14. Where it has already been agreed that some spend will take place at NHSE regional level the relevant amount will be transferred directly to the NHSE region.

Coding and monitoring requirements

15. Expenditure should be coded to one of the three sub analysis A3 codes below.

    - Digital First support sub analysis A3 code 000010
    - Primary Care Network sub analysis A3 code 000009
    - GP Transformation Support sub analysis A3 code 000030

16. Where a project / spend in 2022/23 continues delivery of a digital first scheme then spend should be coded to the digital first analysis code. Similarly, where a project continues delivery of a Primary Care Network development initiative then spend should be coded against the PCN code. Where a new initiative is taken forward that combines digital and broader primary care transformation, the new ‘GP Transformation Support’ code should be used.

Expected national deliverables for the funding

17. Following from context section at the beginning of this document, GP transformational support funding should be used to support practices and PCNs to:
    - support staff skills and capabilities;
    - improve ways of working, reduce unwarranted variation and increase operational efficiency; and,
    - drive integrated working.

18. As this funding is for transformation activity and support, the expectation is that it is not spent directly on equipment, software or licenses, but rather on supporting practice and PCN teams to implement the change activity needed to embed and get best impact from new ways of working.

19. Some examples of specific interventions are provided below:
    - Embedding triage processes supported by digital access routes, and redesigning pathways through general practice to enable people to be more effectively passed to the right clinician or service first time
    - Roll out of cloud-based telephony systems in general practice with associated pathway redesign and using data to understand and improve access further
    - Deployment and use of Business Intelligence tools to aid understanding of demand and capacity, and drive improvements in based on this understanding
    - Supporting embedding of ARRS staff to create multi-disciplinary teams with clear operational ways of working and pathways. Providing clinical supervision and support and supporting flexible ways of working
    - Opportunities for effective pathway redesign which may include:
        - automating routine administrative tasks such as call/recall systems for monitoring high risk drugs, long term condition reviews, vaccination, and screening appointments
        - automating some clinical tasks, within defined clinically safe parameters, such as Long-Term Condition monitoring, pathology results, post discharge medication reconciliation, coding of clinical correspondence etc
    - Integrating digital/online to support self-care e.g. improvements to functionality and clarity of practice websites, availability of self-care guidance, use of the NHS App and other patient facing services
    - Increasing use of blood pressure monitoring at home (BP@home) and LTC remote / self-monitoring by people, using digital tools and with appropriate support from Primary Care (especially from ARRS roles)
    - Use technology to support at-scale working across general practice to better align capacity with demand: e.g. using virtual hubs across a PCN footprint; implementation of enhanced access.

b. Practice resilience

Overview

20. General Practice Resilience Funding is £8m in 2022/23. The purpose of this funding is to deliver support that will help practices become more sustainable and resilient. It is maintained as a separate line for the purposes of paying funding to ICSs but should be used to support the same priorities for change as the GP Transformation Fund above.

Coding and monitoring requirements

21. Expenditure should be coded to the sub analysis A3 code 000004 'PCT Practice Resilience'.

Section 2: Workforce programmes

22. The Primary Care SDF is available for nine workforce programmes:

    a Additional Roles Reimbursement Scheme (ARRS);

    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.

23. Systems should consider these together, as components of an overarching programme to grow and strengthen the primary care workforce, deliver objectives on ARRS and GP full-time equivalents (FTE), improve services and patient and staff experience as a result.

a. Additional Roles Reimbursement Scheme (ARRS)

Overview

24. The ARRS provides funding for 26,000 additional roles for PCNs to create bespoke multidisciplinary teams. There are a range of roles from which PCNs can select the staff they want to recruit, based on local population need. Through the scheme, practitioners can foster integration across the voluntary, health and social care sectors. The additional roles programme also offers opportunities for practitioners to join primary care, with an exciting, supported and more diverse career. Funding from the scheme can be used to reimburse roles recruited into PCNs under the Network Contract DES, additional to the baseline created in March 2019.

Available funding and allocation

a. £634 million for 2022/23 is included within ICB's baseline allocations; and,
b. £393 million for 2022/23 is held centrally, with each ICB's share of this central allocation available for release when needed, subject to regional and national approvals.

Coding or monitoring requirements

25. PCNs will need to submit claims for the ARRS and ICBs will need to approve the claims through the online claims portal. Use of the portal has been mandatory since 1 April 2021 and ICBs will be eligible to draw down additional funding from Primary Care SDF, conditional on them providing evidence that PCNs have made claims via this process to a level above the ICB's initial allocation.

26. ARRS expenditure ISFE coding uses nationally defined subjective codes for each role that is recruited to. Funding transferred to PCNs will need to be coded using the appropriate PCSE codes. ICBs will need to create budgets on ISFE that reflects the baseline allocation and forecast for the expected 2022/23 expenditure on the individual roles.

27. National guidance for ARRS coding can be found in Section 10.3.10 on pages 42 to 44 using the following link.

28. Systems are also expected to ensure that PCNs and practices are accurately recording workforce numbers in the National Workforce Reporting System (NWRS).

Expected deliverables for the funding:

29. These include:

    a increase the additional roles in primary care to at least 20,570 by end 2022/23, and 26,000 by end 2023/24;

    b ensure all PCN claims for funding are made and approved via the online portal and NWRS returns are completed by 100% of practices and PCNs; and,

    c ensure effective support is provided to PCNs to recruit, embed, and retain new roles as specified in PCN DES documentation and elsewhere.

30. Further details on the scheme can be found here.

b. General practice fellowships for GPs and nurses new to practice

Overview

31. The fellowship scheme offers a two-year programme of support, available to all newly qualified GPs and nurses working substantively in general practice, with an explicit focus on working within and across PCNs. Participants receive funded mentorship and funded continuing professional development (CPD) opportunities. Plus, rotational placements within or across PCNs of up to one session per week, to develop experience and support transition into the workforce.

Available funding and allocation

32. At least £43 million is available nationally for 2022/23 (system shares based on local demand for fellowships as this will vary).

33. The programme will be funded based on actual costs incurred, but with an initial fair shares allocation upfront during Q1, which will be adjusted in later quarterly allocations to reflect actual and planned spend and delivery.

Coding and monitoring requirements

34. Systems need to code expenditure using the sub analysis A3 code. The Fellowships allocations will have 2 Sub Analysis A3 codes, 000024

'Fellowships GP' for expenditure relating to GP Fellowships and 000025 'Fellowships Nurse' for expenditure that relates to Nurse Fellowships.

35. Systems will be required to draw together a proposal for how the scheme will be delivered, as well as supplying updates through the Primary Care Monitoring Survey. Validation of actual and planned spend and delivery will enable further allocations.

Expected deliverables for the funding

36. These include that:

    a fellowships are offered to 100% of GPs and nurses completing training in 2022/23;

    b as close as possible to full uptake of the scheme across all newly qualified GPs (i.e. within one year of qualifying), supported by /ICBS workforce leads; and,

    c increased conversion of newly qualified GPs into substantive roles, increased participation by newly qualified GPs and nurses, contributing to increasing the overall numbers GP FTEs. Further details can be found here.

Minimum evidence requirements for allocation approval

37. ICBs will need to provide a list of the names and practices of the GPs and nurses who have signed up for fellowships

c. Supporting mentors scheme

Overview

38. This scheme creates a portfolio working opportunity for experienced GPs to support GP colleagues through high quality mentoring. ICBs will receive funding to support the training of GP mentors to cover reimbursement to mentors for their mentorship session costs.

Available funding and allocation

39. £8.4 million is available nationally for 2022/23.

40. The programme will be funded based on actual costs incurred, but with an initial fair shares allocation upfront during Q1, which will be adjusted in later quarterly allocations to reflect actual and planned spend and delivery.

Coding and monitoring requirements

41. Expenditure should be coded to the sub analysis A3 code 000015 'PCT Supporting Mentors'

42. Systems will be required to draw together a proposal for how the scheme will be delivered. Validation of actual and planned spend and delivery will enable further allocations.

Expected deliverables for the funding

43. Expected deliverables include:

   a. increased number of matches between mentors and mentees from previous year (2021/2022), with full deployment of funding in each system;
   b. promotion of scheme uptake and delivery among experienced GPs locally and to ensure that the scheme meets the mentoring needs of GPs on the General Practice Fellowship programme; and,
   c. increased retention of experienced GPs through access to mentor training and opportunities, and increased retention of local GPs through high quality mentoring support, contributing to increasing the overall numbers GP FTEs.

44. Further details can be found here.

Minimum evidence requirements for allocation approval

45. ICBs will need to provide a list of the names and practices of the GPs and others who have signed up for mentorships.

d. New to partnership payment scheme

Overview

46. The aim of the scheme is to grow the number of clinical partners working in primary care, stabilise the partnership model and help to increase clinicians' participation levels so that primary medical care and the people it serves have access to the workforce they need.

47. The scheme gives eligible participants a sum of up to £20,000 plus a contribution towards on-costs of up to £4,000 (for a full-time participant) to support establishment as a partner, as well as up to £3,000 in a training fund to develop non-clinical partnership skills.

Available funding and allocation

48. Funding is paid to individual clinicians through NHSE regional teams and practices on a contractual, pass-through basis. The indicative funding envelope for 2022/23 is £20 million. As distribution of funding is on a drawdown rather than fair shares allocation basis; this is a targeted – i.e. demand-led – programme. The envelope for 2022/23 is based on planning assumptions and the 2021/22 spend. Drawdown will be monitored carefully to ensure forecasting is accurate.

Coding and monitoring requirements

49. The scheme is driven by an application to NHS England from the individual with support from their practice. On validation checks, a Section 96 (S96) financial agreement is entered into between the supporting practice and NHS England. The financial sum is paid following the return of the signed S96 agreement, conditional on the individual remaining in their partnership for five

years. An annual reconciliation process is in place. Should the new partner leave or cease to meet the scheme criteria, the practice is liable to pay back a proportion of the sum. The £3,000 training fund becomes payable following completion of 12 months from the point of receiving their welcome letter on the scheme.

50. The scheme is administered nationally, but NHSE regional cost centres are used as a pass-through mechanism to pay the funds to the practice via the Primary Care Support England (PCSE) online system. This is the only mechanism that NHS England can use to get funds to the targeted location. The onward payments are coded to the N2PP and practice contract type pay codes as follows:

GMS	NTPPSG
PMS	NTPPSP
APMS	NTPPSA

51. Expenditure should be coded to the sub analysis A3 code 000019 'PCT New to Partnership Payments'

Expected deliverables for the funding

52. Continue to drive up the numbers of participants on the scheme for each region, aiming to make full use of available funds.

53. Increased number of partners contributing to increasing the overall number of GP FTEs.

54. Further details can be accessed here.

e. International GP Recruitment, Induction Programme and visas

Overview

55. The International GP Recruitment (IGPR) Programme and International Induction Programme (IIP) provides a programme of support to enable internationally qualified GPs to come and work in the NHS and gain the necessary entry to the medical performers' list.

56. In addition, NHSE supports the retention of newly qualified GPs by funding the visas of international medical graduates (IMGs) that have completed GP training in England. These costs will be reimbursed to the GP via their employing practice.

57. The IGPR Programme has now closed to new applicants but there are over 40 doctors recruited into the programme and still undergoing training. Funding is available for those regions that were actively recruiting in the 2020/21 and 2019/20 financial years, to enable the intensive support required for these doctors to complete the programme of training.

58. The International Induction Programme remains open to new applications from international GPs. Where these GPs require visa sponsorship and

employment with a practice to complete the programme, NHSE will reimburse the employing practice for salary and on-costs whilst they are on the programme.

Available funding and allocation

59. Funding is provided to NHSE regional teams on a monthly drawdown basis and includes costs for salaries, visas, language training, and relocation expenses. The indicative funding envelope nationally in 2022/23 is £5 million. Drawdown will be monitored carefully to ensure forecasting is accurate. As distribution of this centrally-held funding is on a drawdown basis, this is a targeted – i.e. demand-led – programme. The envelope is based on planning assumptions of GPs still progressing through the programme.

Coding and Monitoring requirements

60. Expenditure should be coded to the sub analysis A3 code 000003 'PCT International Recruitment'.

Expected deliverables for the funding

61. To support the remaining GPs through the international recruitment programme into substantive roles, GPs through the International Induction Programme and the retention of GPs requiring visa sponsorship.

62. This is expected to contribute to increasing the overall numbers GP FTEs. Further details of the programme can be accessed here.

Minimum evidence requirements for allocation approval

63. ICBs will need to provide a list of the names and practices of the GPs who have signed up for these programmes.

f. Local GP Retention Fund

Overview

64. Systems will provide continued support through the Local GP Retention Fund to encourage and support local action to minimise attrition of the GP workforce. The agreed priorities for 2022/23 are supporting:

    a. GPs at points of transition in their career; and,

    b. new ways of working and embedding flexibility.

65. Systems continue to have flexibility to fund any other perceived gaps in local support (e.g. access to peer support) which align with agreed principles for use of the fund, as set out in national guidance.

Available funding and allocation

66. £12 million is available nationally in 2022/23 to support flexible roles, implement new local initiatives and release financial pressure on other GP retention schemes.

67. The programme will be funded based on actual costs incurred, but with an initial fair shares allocation upfront during Q1, which will be adjusted in later quarterly allocations to reflect actual and planned spend and delivery.

Coding and monitoring requirements

68. Expenditure should be coded to the sub analysis A3 code 000013 'PCT Local GP Retention'.

69. Systems will be required to draw together a proposal for how the funding will be used to meet local need. Validation of actual and planned spend and delivery will enable further allocations.

Expected national deliverables and evidence required for allocations

70. To work with local practices and networks to develop local actions to support the retention of GPs within the workforce, aiming to:

    a. support new ways of working and embed flexibility for GPs; and,
    b. retain GPs at points of transition in their career (e.g. nearing retirement or seeking to return from a career break).

71. Systems will be expected to set out how use of the funding has supported the retention of GPs. They should follow current guidance which can be found here.

g. Digitally enabled Flexible Staffing Pools

Overview

72. Funding provided for digitally enabled primary care flexible staffing pools – which are designed to:

    a. support capacity in general practice
    b. allow for better visibility of locally available resource to optimise deployment
    c. create a new offer and provide greater structure for local GPs wanting to work flexibly.

73. These virtual pools can be used to directly employ permanent GPs to work flexibly across an area, or to engage GPs on a temporary basis to meet local need. To support the development of these pools, NHS England has established a framework that ICBs are recommended to use to procure a digital enabled flexible staffing pool.

74. The intention of such platforms is to significantly reduce the bureaucratic burden on practices by, for example:

a. providing clear and easy matching of supply (workforce) and demand (available clinical sessions); and,

b. automating invoicing.

75. The platforms will also provide critical information on the locum workforce and its use locally.

Coding or monitoring requirements

76. Expenditure should be coded to the sub analysis A3 code ‘PCT Flexible Staff Pools’.

77. Systems will be required to provide updates through the Primary Care Monitoring Survey. For those systems that use a non-framework provider, additional information may be required. Further details are expected shortly and will be included in the updated policy guidance document for 2022/23.

Expected national deliverables for the funding

78. These include:

a all practices have access to a digitally enabled flexible staffing pool;

b increase in the number of GPs registered to, and employed through, flexible pooling arrangements; and,

c increased take up of available clinical sessions.

79. As per the introduction section, support provided via this funding should be aligned with other/broader general practice and PCN transformation support.

h. Training hubs

Overview

80. ICB level training hubs are designed to meet the training needs of multidisciplinary primary care teams. Core funding for Training Hubs is provided by Health Education England, with systems allocated £12m funding within Primary Care SDF for 2022/23. This funding is to commission learning, training, and associated work packages from training hubs to support their local Primary Care workforce, in line with the priorities set out in the SDF narrative document.

Coding and monitoring requirements

81. Expenditure should be coded to sub analysis A3 code 000007 ‘PCT Training Hubs’.

Expected national deliverables for the funding

82. ICBs must ensure that all training hubs are:

a. supporting the implementation of ARRS and GP recruitment and retention, including initial induction, and ongoing training, development, and developmental supervision of ARRS roles; and,

b. meeting the ongoing training and development needs of the primary care sector, including skills development in relation to change management and quality improvement, as well as in relation to effectively using new ways of working and models of care.

83. All training hubs are expected to deliver a standard core service offer from April 2022, following procurements in 2021. As per the introduction section, support provided via this funding should be aligned with other/broader general practice and PCN transformation support.

Section 3: IT and Estates

84. The following funding lines relate to GPIT and estates. Most GPIT funding is not SDF but is included here for reference and completeness.

    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

85. The default route for the procurement of digital products for general practice and PCNs is via the Digital Care Services Catalogue and one of the frameworks that sits within it (currently the GPIT Futures framework and the Digital First Online Consultation and Video Consultation framework). The NHS England funded 'Commercial and Procurement Hub' is available to support primary care customers with all aspects of procurement, including buying via the catalogue.

a. Online consultation systems

Overview

86. This funding is part of SDF and supports the rollout and uptake of online consultation systems in general practice. Online consultation systems enable people to contact their practice online and are required to be in place as part of the GP Contract.

Available funding and method of allocation

87. In 2022/23, online consultation system funding is £15 million, which should be used to support purchase and effective implementation and use of online consultation software systems.

88. Systems should note that 2022/23 is the final year in which there will be a dedicated funding line as part of Primary Care SDF for online consultation systems. In future years, online consultation systems will need to be funded via GPIT funding as per other core and mandated GPIT requirements set out in the GPIT Operating Model.

89. This funding was fully distributed in Q1 to systems as a single payment on a fair shares / population basis.

Coding and monitoring requirements

90. Expenditure should be coded to the sub analysis A3 000017 'PCT Online Consultation'.

Expected deliverables for the funding

91. As per the GP Contract, all practices should 'offer and promote' an online consultation system that can be used by patients, carers and practice staff on a patient's behalf to submit information and requests.

92. Resources are available to support commissioners and practices with implementing online consultation systems.

93. Where the full amount of funding in this budget line is not required for purchase or implementation of online consultation systems, the remainder may be used to support other digital transformation priorities in general practice.

b. GPIT

Baseline GPIT revenue

Overview

94. This funding stream is not SDF. It is available to ensure GPIT systems and support are provided for GP practices and additional roles associated with PCNs, in line with the GPIT Operating model.

Available funding and method of allocation

95. £256.6 million is included in ICB's core baseline allocations.

Coding or monitoring requirements

96. Expenditure should be coded to the sub analysis A3 code 000021 'PCT GPIT Baseline'.

Expected national deliverables for the funding

97. This funding is designated to deliver, as first priority, the core and mandated requirements of the GPIT Operating Model, for both practices and additional roles associated with PCNs, with any remaining funds used to support the wider digital transformation of primary care.

c. Additional GPIT revenue – Primary Care SDF funded

Overview

98. The GPIT Infrastructure and Resilience Programme supports ICBs in managing specific technology upgrade initiatives, which are key to providing safe, robust, and secure IT services. It is funded from SDF and can be seen as a 'top up' to the other GPIT funding lines set out in this document.

Available funding and method of allocation

99. £13 million was allocated on a fair shares basis to ICBs, via a single payment in Q1.

Coding or monitoring requirements

100. Expenditure should be coded to the sub analysis A3 code 'PCT 000012 PCT Infrastructure and resilience'.

Expected national deliverables for the funding

101. Investments using this funding must be aligned with the requirements of the GPIT Operating Model. In 2022/23, ICBs should focus on assuring and improving practice business continuity plans, including cyber and data security arrangements, in the light of lessons learned from the pandemic.

102. ICBs should aim to replace any remaining temporary remote working solutions, such as Remote Desktop Protocol systems, deployed during the pandemic but not appropriate as long-term solutions. Instead, systems should consider alternatives such as Virtual Desktop Infrastructure, while also allowing systems to apply flexibility.

d. GPIT 'business as usual' capital

Overview

103. This funding stream (not SDF) is available to ensure the GPIT estate is systematically refreshed and improved, ensuring the provision of resilient, safe, robust and secure IT services.

Available funding and method of allocation

104. There is no set allocation of GPIT 'business as usual' capital as it forms part of the overall capital allocation, which is managed by NHSE regional teams under delegated authority. Regional teams should ensure that the required element of capital is allocated to sustain and refresh the GPIT estate for both practices and the additional roles associated with PCNs, in line with the requirements of the GPIT Operating Model.

105. Expenditure should not be coded as capital at ICB level. Reimbursement takes the form of a recharge to NHS England and this will enable the GPIT capital expenditure to be accounted for in NHSE. ICBSs/CSUs should treat their costs and income as I&E recharges and NHS England central finance will be able to provide reports on GPIT capital expenditure by ICB system.

Expected national deliverables for the funding

106. This funding is designated to deliver, as the priority, systematic refresh of the GPIT estate for both practices and additional roles associated with PCNs, in line with the requirements of the GPIT Operating Model.

107. Any remaining funds should be invested in technology advances that will improve the overall experience for staff and patients, as well as the security and cost-effectiveness of general practice and PCN IT infrastructure.

e. Digital Care Services catalogue – GPIT Futures Framework core funding

Overview

108. Revenue funding (not SDF) is committed to support existing contract arrangements for accredited GP foundation and non-foundation clinical systems, purchased on behalf of general practice from the GPIT Futures Framework within the Digital Care Services Catalogue.

Available funding and method of allocation

109. Approximately £108.5 million (managed on a £/registered patient basis) is held by NHS Digital. The intention is that ICBs have progressively more oversight and responsibility for managing their notional allocation against this funding, and for making decisions about the re-procurement of foundation and non-foundation clinical systems from the Digital Care Services catalogue as required.

110. For 2022/23, ICBs that have centrally funded call-off agreements via the GPIT Futures framework below £1.70 per patient will have these costs met centrally. Requests from these systems to extend allocations for the procurement of additional services via the GPIT Futures Framework up to a maximum of £1.70 per patient can be made. Where ICBs have call-off agreements in place that are, on average, in excess of £1.70 per patient, the costs in excess of £1.70 must be met locally.

Coding or monitoring requirements

111. Expenditure against notional allocations is monitored, and ICBs should code to the appropriate ISFE subjective code.

Expected national deliverables for the funding

112. This funding is for the provision of accredited GPIT foundation and non-foundation clinical systems for general practice and PCNs, with any surplus funding used to procure additional services via the GPIT Futures Framework.

f. Primary Care Estates Development

Overview

113. Building on the sustained capital investment of the Estates & Technology Transformation Fund (ETTF), the next stage is for PCNs to better understand their estate's needs, to develop investment plans and identify schemes that need to be both prioritised and developed. This will help ensure that Primary Care is able to clearly articulate the current position and requirement to feed into future System Estates Infrastructure Strategies.

114. It is part of the Long-Term Plan to ensure that services should be delivered from modern, fit for purpose estate that supports service delivery. Following on from the Primary Care Estates Data Collection Programme, an online toolkit is available to support this development. https://shapeatlas.net/pcntoolkit/

115. Some examples of what capital developments could fund include:

a. new consulting and treatment rooms to provide a wider range of services for patients so more people can be seen;
b. improved reception and waiting areas;
c. building new facilities to deal with minor injuries;
d. creating better IT systems to improve the way information is shared between health services in the area;
e. extending existing facilities to accommodate a wider range of health staff – including GPs, nurses, clinical pharmacists and PCN staff funded through ARRS; and,
f. building new health centres which have a greater range of health services for people in one place.

Available funding and method of allocation

116. The capital funding for 2022/2023 will be allocated as per NHSE regional pipelines of schemes, providing they are supported by approved business cases and the regional pipelines are affordable within the region's indicative share of national funding.

117. The maximum revenue funding for 2022/23 is £20 million. This will be allocated by monthly submissions of the RTF PC allocations linked to schemes in the pipeline and assessed by the central ETTF team. Typical types of areas that this funding will support are:

a Business Case development for Capital schemes

b Support for development of PCN Estates Needs

c One off support to help planning of additional space or reconfiguration

Coding and monitoring requirements

118. Expenditure should be coded to the sub analysis A3 code 'PCT 000005 Estates and technology schemes'

119. Validation that funding is required will take place in accordance with normal ETTF processes before release of the funding allocation for the project/scheme.

120. As in previous years, the regional ETTF tracker will need to be maintained and submitted centrally on working day 11 of each month for review.

121. Importantly, it will need to agree with both the reported capital ledger position and the non-ISFE revenue position for both forecast and spend. Expenditure will need to be coded to the specific scheme and recorded on the tracker in the normal way.

122. There will be bi-monthly meetings between NHSE regional teams and the central ETTF team to monitor progress and forecast position.

Expected national deliverables for the funding

123. The funding for 2022/23 will allow development of PCN Estates needs and investment plans that will then be prioritised by systems for capital or revenue investment where required and that will support the additional roles reimbursement, additional GPs and trainees.

Appendix 1: System allocations

1. The maximum available to systems, assuming that all funding conditions, KPIs, etc are met.

Region	ICB22	ICB name	Transformation Funding £000 78,000	Training Hubs £000 12,000	Practice Resilience £000 8,000
East of England	QH8	Mid and South Essex	1,533	236	157
East of England	QHG	Bedfordshire, Luton and Milton Keynes	1,283	197	132
East of England	QJG	Suffolk and North East Essex	1,380	212	142
East of England	QM7	Hertfordshire and West Essex	1,895	292	194
East of England	QMM	Norfolk and Waveney	1,518	234	156
East of England	QUE	Cambridgeshire and Peterborough	1,237	190	127
London	QKK	South East London	2,512	387	258
London	QMF	North East London (East London)	2,793	430	286
London	QMJ	North Central London	2,121	326	218
London	QRV	North West London	3,294	507	338
London	QWE	South West London	1,998	307	205
Midlands	QGH	Herefordshire and Worcestershire	1,074	165	110
Midlands	QHL	Birmingham and Solihull	2,042	314	209
Midlands	QJ2	Derbyshire	1,389	214	142
Midlands	QJM	Lincolnshire	1,141	176	117
Midlands	QK1	Leicester, Leicestershire and Rutland	1,427	219	146
Midlands	QNC	Staffordshire and Stoke-on-Trent	1,482	228	152
Midlands	QOC	Shropshire	674	104	69
Midlands	QPM	Northamptonshire	1,018	157	104
Midlands	QT1	Nottinghamshire	1,559	240	160
Midlands	QUA	The Black Country	1,667	257	171
Midlands	QWU	Coventry and Warwickshire	1,331	205	136
NE and Yorkshire	QF7	South Yorkshire and Bassetlaw	1,887	290	194
NE and Yorkshire	QHM	North East and North Cumbria	4,223	650	433
NE and Yorkshire	QOQ	Humber Coast and Vale	2,371	365	243
NE and Yorkshire	QWO	West Yorks, Harrogate Health & Care Partnership	3,356	516	344
North West	QE1	Lancashire and South Cumbria	2,407	370	247
North West	QOP	Greater Manchester	4,186	644	429
North West	QYG	Cheshire and Merseyside	3,632	559	373
South East	QKS	Kent and Medway	2,524	388	259
South East	QNQ	Frimley	956	147	98
South East	QNX	Sussex	2,336	359	240
South East	QRL	Hampshire and the Isle of Wight	2,418	372	248
South East	QU9	BOB (Berkshire West, Oxford and Buckinghamshire)	2,314	356	237
South East	QXU	Surrey Heartlands	1,349	208	138
South West	QJK	Devon	1,654	254	170
South West	QOX	Bath, Swindon and Wiltshire	1,222	188	125
South West	QR1	Gloucestershire	854	131	88
South West	QSL	Somerset	773	119	79
South West	QT6	Cornwall and the Isles of Scilly	827	127	85
South West	QUY	Bristol, North Somerset, South Gloucestershire	1,281	197	131
South West	QVV	Dorset	1,059	163	109
		Grand Total	**78,000**	**12,000**	**8,000**

Appendix 2: Workforce funding

2. We have presented below how the funding would look were the funds for these programmes to be distributed on a fair shares basis.

3. Actual funding flows to ICBs may differ from these and will depend on local demand, regional prioritisation, verification and monitoring as defined in the body of the guidance.

Region	ICB22	ICB name	Baseline ARRS Funding	Max Additional ARRS Funding	Total Max Available ARRS Funding	Fellowships	Supporting Mentors	Local GP Retention	Flexible staffing pools
			£000	£000	£000	£000	£000	£000	£000
			633,567	393,000	1,026,567	43,000	8,400	12,000	5,040
East of England	QH8	Mid and South Essex	12,515	7,763	20,278	845	165	236	120
East of England	QHG	Bedfordshire, Luton and Milton Keynes	10,330	6,408	16,738	707	138	197	120
East of England	QJG	Suffolk and North East Essex	11,221	6,961	18,182	761	149	212	120
East of England	QM7	Hertfordshire and West Essex	15,558	9,651	25,209	1,045	204	292	120
East of England	QMM	Norfolk and Waveney	12,407	7,696	20,103	837	164	234	120
East of England	QUE	Cambridgeshire and Peterborough	10,024	6,218	16,242	682	133	190	120
London	QKK	South East London	20,823	12,916	33,739	1,385	271	387	120
London	QMF	North East London (East London)	23,560	14,614	38,175	1,540	301	430	120
London	QMJ	North Central London	17,275	10,715	27,990	1,169	228	326	120
London	QRV	North West London	25,809	16,010	41,819	1,816	355	507	120
London	QWE	South West London	16,756	10,394	27,149	1,101	215	307	120
Midlands	QGH	Herefordshire and Worcestershire	9,128	5,662	14,790	592	116	165	120
Midlands	QHL	Birmingham and Solihull	16,651	10,329	26,980	1,126	220	314	120
Midlands	QJ2	Derbyshire	11,350	7,041	18,391	766	150	214	120
Midlands	QJM	Lincolnshire	9,169	5,687	14,856	629	123	176	120

Midlands	QK1	Leicester, Leicestershire and Rutland	11,633	7,216	18,849	786	154	219	120
Midlands	QNC	Staffordshire and Stoke-on-Trent	12,193	7,563	19,756	817	160	228	120
Midlands	QOC	Shropshire	5,436	3,372	8,809	372	73	104	120
Midlands	QPM	Northamptonshire	8,114	5,033	13,148	561	110	157	120
Midlands	QT1	Nottinghamshire	12,824	7,955	20,779	859	168	240	120
Midlands	QUA	The Black Country	13,569	8,417	21,985	919	180	257	120
Midlands	QWU	Coventry and Warwickshire	10,757	6,672	17,429	734	143	205	120
NE and Yorkshire	QF7	South Yorkshire and Bassetlaw	15,564	9,654	25,218	1,040	203	290	120
NE and Yorkshire	QHM	North East and North Cumbria	34,528	21,418	55,946	2,328	455	650	120
NE and Yorkshire	QOQ	Humber Coast and Vale	19,576	12,143	31,719	1,307	255	365	120
NE and Yorkshire	QWO	West Yorks, Harrogate Health& Care Partnership	27,765	17,222	44,987	1,850	361	516	120
North West	QE1	Lancashire and South Cumbria	19,322	11,986	31,308	1,327	259	370	120
North West	QOP	Greater Manchester	33,412	20,725	54,137	2,307	451	644	120
North West	QYG	Cheshire and Merseyside	29,468	18,279	47,747	2,002	391	559	120
South East	QKS	Kent and Medway	20,186	12,522	32,708	1,391	272	388	120
South East	QNQ	Frimley	7,754	4,810	12,564	527	103	147	120
South East	QNX	Sussex	19,015	11,795	30,811	1,288	252	359	120
South East	QRL	Hampshire and the Isle of Wight	19,440	12,059	31,499	1,333	260	372	120
South East	QU9	Berkshire West, Oxford and Buckinghamshire	18,697	11,598	30,296	1,276	249	356	120
South East	QXU	Surrey Heartlands	10,834	6,720	17,554	744	145	208	120
South West	QJK	Devon	13,010	8,070	21,079	912	178	254	120
South West	QOX	Bath, Swindon and Wiltshire	9,724	6,032	15,755	673	132	188	120
South West	QR1	Gloucestershire	6,760	4,193	10,953	471	92	131	120
South West	QSL	Somerset	6,121	3,797	9,917	426	83	119	120
South West	QT6	Cornwall and the Isles of Scilly	6,476	4,017	10,493	456	89	127	120
South West	QUY	Bristol, North Somerset, South Gloucestershire	10,215	6,337	16,552	706	138	197	120
South West	QVV	Dorset	8,596	5,332	13,929	584	114	163	120
		Grand Total	**633,567**	**393,000**	**1,026,567**	**43,000**	**8,400**	**12,000**	**5,040**

Appendix 3: GPIT

1. This appendix summarise the indicative funding available for GPIT revenue costs (2.3.1), GP infrastructure and resilience revenue costs (2.3.2) and notional GPIT Futures funding (2.3.4) – which are also included in Appendices 2 or 3 above. The indicative GPIT revenue funding forms part of core ICB funding allocations. GPIT BAU capital (2.3.3) is included in the regional commissioner capital allocations already issued to regions.

Rgion	ICB22	ICB name	Online Consultation systems £000 £15,000	GPIT - Infrastructure and Resilience £000 13,000	Baseline GPIT revenue £000 256,586	GPIT Futures Framework £000 108,500
East of England	QH8	Mid and South Essex	295	256	5,118	2,164
East of England	QHG	Bedfordshire, Luton and Milton Keynes	247	214	4,133	1,748
East of England	QJG	Suffolk and North East Essex	265	230	4,462	1,887
East of England	QM7	Hertfordshire and West Essex	364	316	6,276	2,654
East of England	QMM	Norfolk and Waveney	292	253	4,834	2,044
East of England	QUE	Cambridgeshire and Peterborough	238	206	3,720	1,573
London	QKK	South East London	483	419	8,374	3,541
London	QMF	North East London (East London)	537	465	9,113	3,853
London	QMJ	North Central London	408	354	6,913	2,923
London	QRV	North West London	633	549	10,328	4,367
London	QWE	South West London	384	333	6,408	2,710
Midlands	QGH	Herefordshire and Worcestershire	207	179	3,407	1,441
Midlands	QHL	Birmingham and Solihull	393	340	6,770	2,863

Midlands	QJ2	Derbyshire	267	231	4,790	2,026
Midlands	QJM	Lincolnshire	219	190	3,438	1,454
Midlands	QK1	Leicester, Leicestershire and Rutland	274	238	4,430	1,873
Midlands	QNC	Staffordshire and Stoke-on-Trent	285	247	5,040	2,131
Midlands	QOC	Shropshire	130	112	2,260	956
Midlands	QPM	Northamptonshire	196	170	3,254	1,376
Midlands	QT1	Nottinghamshire	300	260	5,290	2,237
Midlands	QUA	The Black Country	321	278	5,636	2,383
Midlands	QWU	Coventry and Warwickshire	256	222	4,198	1,775
NE and Yorkshire s	QF7	South Yorkshire and Bassetlaw	363	314	6,429	2,719
NE and Yorkshire	QHM	North East and North Cumbria	812	704	14,649	6,194
NE and Yorkshire	QOQ	Humber Coast and Vale	456	395	7,615	3,220
NE and Yorkshire	QWO	West Yorks, Harrogate Health & Care Partners	645	559	11,011	4,656
North West	QE1	Lancashire and South Cumbria	463	401	8,375	3,541
North West	QOP	Greater Manchester	805	698	13,933	5,892
North West	QYG	Cheshire and Merseyside	699	605	12,656	5,352
South East	QKS	Kent and Medway	485	421	8,139	3,442
South East	QNQ	Frimley	184	159	3,035	1,283
South East	QNX	Sussex	449	389	7,674	3,245
South East	QRL	Hampshire and the Isle of Wight	465	403	7,956	3,364
South East	QU9	Berkshire West, Oxford and Buckinghamshire	445	386	7,208	3,048
South East	QXU	Surrey Heartlands	259	225	4,311	1,823
South West	QJK	Devon	318	276	5,463	2,310
South West	QOX	Bath, Swindon and Wiltshire	235	204	3,898	1,648
South West	QR1	Gloucestershire	164	142	2,663	1,126
South West	QSL	Somerset	149	129	2,629	1,112
South West	QT6	Cornwall and the Isles of Scilly	159	138	2,759	1,167
South West	QUY	Bristol, North Somerset, South Gloucestershire	246	213	4,377	1,851
South West	QVV	Dorset	204	177	3,614	1,528

		Grand Total	15,000	13,000	256,586	108,500

Appendix 4: Coding

1. The Primary Care Transformation Toolkit is designed to strengthen financial reporting – at both national and local level. The toolkit extracts the financial information from a defined set of ISFE Oracle codes from all region and ICB ledgers. The NHS Chart of Accounts Hierarchy uses a six-segment structure.

Segment	Field	Description
1.	Entity	NHS National Entity Code, i.e. X24N
2.	Cost Centre	Each region/ICB has its own range
3.	Subjective	Nationally defined to classify the transaction into a type, e.g. professional fees
4.	Analysis 1	This will be used to identify the legacy CCG
5.	Analysis 2	Provider of goods/services, e.g. GP practice
6.	Analysis 3	Nationally defined to classify the initiative
Example		X24N.778534.26179054.25420.00000.000000

2. The toolkit coding uses the Region/ICB cost centre and sub analysis A3 codes for reporting purposes. The sub Analysis A3 code will be the same for both NHSE and ICBs.

3. Each Region/ICB should have a Primary Care Transformation (PCT) cost centre code.

4. The Primary Care Support England (PCSE) system is used to make payments to GP practices. This system uses a nationally defined set of pay codes to identify the type of payment. The PCSE system will be used to process the payments.

ICB PCT required coding actions

5. On receiving a Primary Care Transformation (PCT) allocation, each ICB will need to create a budget and forecast using the corresponding Sub Analysis A3 code. All non-PCSE transactions should also be coded to that ICB-specific PCT cost centre and Sub Analysis A3 code.

6. Payments made through PCSE should be made using the relevant programme pay code. Costs will be automatically attributed to the PCT

programme. There is no need to recode these payments to the programme Sub Analysis A3 code.

7. Each ICB should have its own unique cost centre for Primary Care Transformation transactions.

8. Each ICB has its own unique Analysis 1 code for each initiative, and these can be found in the Primary Care Transformation coding guidance. The tables below show the analysis 1 code for each Primary Care Transformation initiative.

9. Where payments are made using the PCSE system, the full list of pay codes that relate to PCT initiatives can be found in the PCT coding guidance.

10. Allocations for the PCT Initiatives below are made directly to ICBs in 2022/23.

Programme	Funding flow	Cost centre	Analysis 3 from 1st July	Analysis 3 Code
Practice Resilience	ICB	Primary Care Transformation	PCT PRACTICE RESILIENCE	000004
ETTF	ICB	Primary Care Transformation	PCT ESTATES AND TECHNOLOGIES SCHEMES ETTF	000005
Training Hubs	ICB	Primary Care Transformation	PCT TRAINING HUBS	000007
GP Transformational support	ICB	Primary Care Transformation	PCT DIGITAL FIRST PCT PRIMARY CARE NETWORKS GP TRANSFORMATIONAL SUPPORT	000010 000009 tbc
GPIT Infrastructure and resilience	ICB	Primary Care Transformation	PCT INFRASTRUCTURE AND RESILIENCE	000012
Local GP Retention	ICB	Primary Care Transformation	PCT LOCAL GP RETENTION	000013
Improving Access	ICB	Primary Care Transformation	PCT IMPROVED GP ACCESS	000018
Supporting Mentors	ICB	Primary Care Transformation	PCT SUPPORTING MENTORS SCHEME	000015
Flexible staffing pools	ICB	Primary Care Transformation	PCT FLEXIBLE STAFF POOLS	000016
Online Consultations	ICB	Primary Care Transformation	PCT ONLINE CONSULTATION SYSTEMS	000017
Fellowships	ICB	Primary Care Transformation	PCT FELLOWSHIPS GP PCT FELLOWSHIPS NURSE	000024 000025
GPIT Baseline Funding	ICB	Primary Care Transformation	GPIT BASELINE	000021

**note this is for commissioning the £6 per head Improving Access to General Practice services, and is not the same as funding for the Access Improvement Programme*

All expenditure from the £6 per head funding – whether from funding already included in ICB core baseline allocations or provided via SDF funding or both – should be coded to this A3 code

11. New codes will be established and ICBs notified for the new PCN Enhanced Access Service, which starts on 1 October 2022. A further 5 programmes are administered and distributed by agreement with national teams.

Programme	Funding flow	Cost centre	Analysis 3 from 1st July	Analysis 3 Code
International GP Recruitment	Regions	Region	PCT INTERNATIONAL RECRUITMENT	000003
New to Partnership payments	Regions	Region	PCT NEW TO PARTNERSHIP PAYMENT SCHEME	000019
GP Accelerator Programme	Regions	Region	PCT GP ACCELERATE PROGRAMME	000028
Practice Nurse Measures	Regions	Region	PCT PRACTICE NURSE MEASURES	000006
Regional staffing funding	Regions	Region	PCT REGIONAL RESOURCE	000027

**note funding for international recruitment may also flow to ICBs if previously they have flowed to CCGs. Please indicate the correct organisation on the return to the Primary Care Group.*

Reporting

12. The latest version of the Primary Care Toolkit can be downloaded from the Finance Forms page here

13. This Toolkit is live on Finance SharePoint and reports by ICB, region and central cost centres on the in-month variances, year-to-date variances, annual budgets, full year forecast and full year variance position.

14. A tab reporting the variance on annual budgets and allocations made to each organisation has been embedded in the report to facilitate reconciliation of the PC SDF budgets.

15. The front page of the Toolkit includes guidance on how to run the report.

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This publication can be made available in a number of alternative formats on request.

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