

Classification: Official

Publication reference: PRN00310



Primary care service development funding and general practice IT funding guidance 2023/24

Version 1, 6 June 2023

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Introduction and use of funding

1. NHS England provides service development funding (SDF)¹ each year for ICBs, as additional programme funding on top of ICB baselines. This document provides guidance for primary care SDF for 2023/24.

This funding should be invested in initiatives which will support practices and primary care networks (PCNs) to deliver high quality primary care, and specifically in delivering the ambitions of the [Delivery Plan for Recovering Access to Primary Care](#) (referred to in this document as ‘the Delivery Plan’) and other primary care improvement programmes as outlined in this guidance.

2. In 2023/24, the key priorities for integrated care boards (ICBs) in relation to primary care (see [2023/24 planning guidance](#)) are supporting improved access to services, particularly patient experience of contacting general practice, and supporting practices and PCNs with demand management and improving job satisfaction.

Improving access to primary care services, particularly general practice, is also one of the three overall national objectives for the NHS in 2023/24.

3. The Delivery Plan focuses on two central ambitions for patients:

- Tackling the 8am rush and reducing the number of people struggling to contact their general practice.
- For patients to know, on the day that they contact their general practice, how their request will be managed.

4. To deliver these ambitions and provide ‘modern general practice access’ as set out in the Delivery Plan, it is necessary to support practices to change and improve their operational models, and to optimise use of available staff.

It is also essential to cut bureaucracy, to reduce the workload across the interface between primary and secondary care, and to invest in recruiting, retaining and developing primary care staff. The primary care SDF provided to ICBs in 2023/24 should be allocated to support these aims.

5. Primary care SDF in 2023/24 can be thought of in three sections:

¹ Also sometimes called ‘System Development Funding’

- a. a transformation budget to support change and improvement in primary care (and particularly general practice) including support to the workforce
- b. a set of specific workforce programmes continuing from previous years (including some ARRS funding)²
- c. funding from primary care SDF to increase general practice IT (GPIT) revenue budgets ('GPIT Infrastructure and Resilience').

Primary care SDF 2023/24 overview

6. To support ICBs to maximise use of their primary care SDF funding and in recognition of the new statutory nature of ICBs, the number of separate primary care SDF allocations has been reduced significantly for 2023/24.

This will reduce administrative burden and allow greater local autonomy and flexibility in managing funding and addressing priorities for change. Eight previously separated allocations have been bundled together for 2023/24 into a single 'primary care transformation' allocation.

7. Primary care SDF funding available to systems in 2023/24 is as per the table below. For the bundled primary care transformation budget, the names of the previous funding lines that have been brought together are included for information.

The bundled primary care transformation funding should not be split into separate allocations and managed separately between these lines (apart from where necessary for coding purposes – see appendix 1). For ICB funding breakdowns see appendices 2 and 3.

8. It is for ICBs to determine how to invest the overall transformation amount to deliver the support required to general practice and PCNs set out in the Delivery Plan and in the 'primary care transformation funding' section below. Systems should also consider how to support and consolidate improvements in practices who have already invested in changes.

² See 'Workforce initiatives' section and appendix 3 for more detail.

Table 1: Primary care SDF 2023/24

1. Transformation	
Primary care transformation – includes funding that was previously split between the following schemes, but which is now bundled into one allocation to provide greater flexibility for ICBs: <ul style="list-style-type: none"> - Local GP retention fund - Primary care estates business cases - Training hubs - Primary care flexible staff pools - Practice nurse measures³ - Practice resilience - Transformational support (which included the previous PCN development and digital first primary care funding lines) - PCN leadership and development (£43m) 	£169.9m
2. Workforce programmes	
ARRS centrally held for ICB draw-down ¹	£521.3m
General practice fellowships	£35.7m
Supporting mentors scheme	£8.4m
International GP recruitment	£2.4m
3. GPIT	
GPIT – infrastructure and resilience	£13.0m

9. PCN funding continues for clinical directors, which is included in primary medical care allocations,⁴ and is further supplemented by PCN leadership and development funding (£43m) included in the bundled primary care transformation amount as above.

PCNs will also receive monthly funding via the IIF Capacity and Access Support Payment to support transformation. There is also additional transformation support funding for practices available via the Delivery Plan to provide ‘transition cover’ for change.

³ The Delivery Plan for recovering access to primary care confirms £4m of funding to recruit and retain general practices nurses. This has been included in the primary care Transformation allocation.

⁴ See page 2 of the [Financial Implications letter](#).

Primary care transformation funding

10. NHS England will allocate £169.9m of primary care SDF in 23/24 to ICBs to support primary care transformation. Systems should use this funding to leverage and achieve the maximum transformation possible, in line with the Delivery Plan, alongside initiatives to recruit, retain and support primary care staff. The SDF should not be used to fund business as usual staff or other ICB costs.

11. The Delivery Plan sets out specific actions and asks of ICBs. These should be brought together through a 'system-level access improvement plan'.

This system-level plan should set out how the ICB will meet the ambitions in the Delivery Plan to deliver modern general practice access, including how it will provide the necessary support to primary care to make improvements to service delivery, support demand and workload management, and help with staff recruitment and retention.

The overall aim of this work is to deliver an improved experience of access for patients, better continuity of care where most needed and improved job satisfaction for staff.

12. The ICB plans should bring together the actions to be taken at practice and PCN level with those required at system level taking high level direction from the Delivery Plan, and tailoring to specific local needs, challenges and context. They should also set out the work that will be done using primary care Transformation SDF funding.

Please see appendix 5 for the list of key actions for ICBs in relation to the Delivery Plan ('the ICB checklist'), but noting that primary care Transformation SDF will be especially relevant for items 5 and 16 from the ICB checklist, as follows:

Table 2: ICB checklist actions 5 and 16

Commitment	Action for ICBs	Reporting	Time due
Modern general practice access	<p>5 Fund or provide local hands-on support to 850 practices nationally (ICBs should work with regions to determine population appropriate share of target)</p> <p>We would expect the level of support to be similar to the national intermediate offer, and offered alongside wider or ongoing support for practices and PCNs where required, using the outputs of the SLF to help guide specific support needs</p>	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	31 March 2024
Enablers	<p>16 Co-ordinate system comms to support patient understanding of the new ways of working in general practice including digital access, multidisciplinary teams and wider care available. This messaging should include system specific services and DoS (Directory of local services).</p>		Ongoing 2023/24

13. In addition to the specific actions outlined in the Delivery Plan, ICBs should continue to use primary care Transformation SDF to support improvements that will enable progress of the Fuller Stocktake ambitions and support more sustainable ways of working to reduce the burden on general practice staff including:
- i. providing general practice with business intelligence tools to support practices and PCNs to make informed decisions based on easily accessible near real time data and to support systems to understand and help manage demand pressures
 - ii. continuing or increasing support to enable at-scale working across primary care and with other parts of the system tailored to local needs, for example:
 - development of virtual hubs
 - access hubs
 - integrated urgent care
 - community and neighbourhood working, etc.
 - iii. strengthening partnerships and communications within the system between primary care and other health and care providers to ensure patients receive consistent messages and encourage collaborative solutions

- iv. supporting development of ICB infrastructure strategies, as per the Fuller Stocktake commitment, to enable and support an integrated service delivering care closer to home in the community (capped at £188k/ICB).
 - v. funding automation tools to reduce burden on practices, and tools for proactive monitoring of long-term conditions to support remote monitoring and risk stratification as part of local population health approaches
 - vi. working with training hubs to consider the recruitment, training and development needs of practice and PCN teams and to carry out effective local workforce planning
 - this should aim to enable new models and processes as outlined in the Delivery Plan (including call handling, care navigation and triage, and IT system training), and to develop staff skills to meet local population needs and improve staff productivity and retention
 - systems should engage with practices, PCNs and training hubs to understand these needs, and identify where programmes may need to be commissioned to meet them, building on the training hub core offer.
 - vii. increasing capacity in primary care by maximising recruitment of additional roles reimbursement scheme (ARRS) roles, embedding and increasing use of digitally enabled flexible staff/locum pools, supporting local programmes focused on recruitment, retention and wellbeing of all general practice staff, and continuing work to encourage the recruitment and retention of general practice nurses.
14. ICBs are expected to report on progress in delivering the commitments in the Delivery Plan and their own system level access improvement plans, via ICB public board meetings, both in October/November 2023 and April/May 2024.
- This will sit alongside existing workforce reporting requirements, including monthly updates to the national workforce reporting service (NWRS) and primary care monitoring survey (PCMS), and submission of ARRS recruitment intentions and GP retention schemes delivery plans, as well as encouraging practices and PCNs to make updates as required.

15. ICBs and NHS England regional teams will have supportive discussions over the financial year on delivery, progress, and issues to help ensure best use and impact of the funding. Where it is preferable for some primary care SDF to be held and spend to take place at NHS England regional level to achieve economies of scale, this can take place with the agreement of ICBs in that region.

Workforce initiatives

16. The second part of the primary care SDF consists of budgets and allocations supporting specific workforce programmes as set out below. Although some schemes came to an end in 2022/23 there may be costs arising in 2023/24 due to commitments carried over from previous years.
17. These initiatives should be used to grow and strengthen the primary care workforce, deliver objectives on ARRS and GP full-time equivalents (FTEs), improve services, and improve patient and staff experience as a result.

Additional roles reimbursement scheme

Overview

18. The ARRS provides funding for 26,000 additional roles for PCNs to create bespoke multidisciplinary teams. The ARRS 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.

A. Available funding and method of allocation

19. £891 million for 2023/24 is included within ICBs' baseline allocations; and £521.3 million for 2023/24 is held centrally within primary care SDF – a further £385m in total above 2022/23. Each ICB's share of this central allocation is available for release when needed, subject to regional and national approvals. Please see appendix 3.

Expected national deliverables

20. ICBs are expected to:
 - a. continue to increase the number of additional roles in primary care beyond 26,000 by the end of 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
- c. ensure effective support is provided to PCNs to recruit, embed and retain new roles as specified in PCN DES documentation and guidance related to the scheme.

Further details on the scheme can be found on the [NHS England website](#).

B. General practice fellowships for GPs and nurses

Overview

- 21. The fellowship scheme offers a two-year programme of support, available to all newly qualified GPs, newly qualified nurses and new to practice nurses working substantively in general practice – with an explicit focus on working within and across PCNs.

Participants receive mentorship (or supervision) and 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. Further details can be found on the [NHS England website](#).

Available funding and allocation

- 22. £35.7 million is available nationally for 2023/24 (system shares are based on local demand for fellowships as this will vary).
- 23. 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.

Expected deliverables

- 24. These include that:
 - a. fellowships are offered to 100% of GPs and nurses completing training in the preceding 12 months
 - b. fellowships are offered to all nurses new to general practice
 - c. there is increased conversion of newly qualified GPs into substantive roles, increased participation by newly qualified GPs and nurses, contributing to increasing the overall numbers of GP FTEs (system

delivery plans are submitted outlining forecast numbers of newly qualified GPs, newly qualified nurses and new to practice nurses)

- d. monthly updates on actual figures are reported through the primary care monitoring survey, with ongoing evaluation and sharing of lessons learned to the national team.

C. Supporting mentors scheme overview

Overview

25. 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 and to cover reimbursement to mentors for their mentorship session costs. Further details can be found on the [NHS England website](#).

Available funding and allocation

26. £8.4 million is available nationally for 2023/24.
27. The programme will be funded based on actual costs incurred up to the £8.4m, 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.

Expected deliverables

28. ICBs are asked to:
 - a. increase the number of matches between mentors and mentees from the previous year (2022/2023)
 - b. achieve a mentor-to-mentee ratio of at least 1:4
 - c. maintain current mentor numbers, ensuring training, ongoing peer networking and CPD activities are made available
 - d. ensure that the scheme meets the mentoring needs of GPs on the General Practice Fellowship programme
 - e. increase 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

- f. submit a system delivery plan outlining forecast number of mentors, number of mentees and anticipated number of mentoring sessions
- g. provide monthly updates on actual figures via PCMS and share evaluations and lessons learned with the national team on an ongoing basis.

D. International GP recruitment, Return to Practice programme, International Induction programme, and visas overview

- 29. The International GP Recruitment (IGPR) programme and International Induction Programme (IIP) provide support to enable internationally qualified GPs to come and work in the NHS and gain the necessary entry to the medical performers list. The Return to Practice (RtP) programme provides a safe supported pathway for former GPs to return to their careers in general practice.
- 30. In addition, NHS England 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.
- 31. The IGPR Programme has now closed to new applicants but there remain over 20 doctors recruited into the programme and undergoing training. Funding is available for those areas 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.
- 32. 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, NHS England will reimburse the employing practice for salary and on-costs while they are on the programme.
- 33. During 2023/24 NHS England may also expand support for GPs on the Return to Practice programme and allow them to complete the programme while in employment. In such cases, NHS England will reimburse the employing practice for salary and on-costs while they are on the programme.

34. Further details of the International GP Recruitment programme can be accessed on the [NHS England website](#). Further details of the GP Return to Practice and International Induction programmes can be found on the [HEE website](#).

Available funding and allocation

35. Funding is provided to NHS England regional teams on a monthly drawdown basis and includes costs for salaries, visas, language training, and relocation expenses. The indicative funding envelope nationally in 2023/24 is £2.4 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 – ie demand-led programme. The envelope is based on planning assumptions of GPs still progressing through the programme.

Expected deliverables

36. To support the remaining GPs through the International GP Recruitment programme into substantive roles, GPs through the International Induction and Return to Practice programmes and the retention of GPs requiring visa sponsorship.
37. This is expected to contribute to increasing the overall numbers of GPs.

General practice IT funding

38. GPIT funding includes:
- GPIT revenue embedded as part of ICB core baselines
 - funding held centrally for spend on accredited GPIT systems (including core clinical systems but also other systems)
 - capital funding embedded in overall NHS England capital allocations.
39. None of this funding is primary care SDF but is mentioned here for information.
40. The total GPIT revenue for 23/24 embedded in ICB baselines is £269.9m, with indicative shares by ICB set out in Appendix 4 below. This funding is designated to deliver, as first priority, the core and mandated requirements of the GPIT operating model, for both practice and additional roles staff working

with PCNs. Any remaining funding should be used to support the wider digital transformation of primary care.

41. £13 million GPIT Infrastructure and Resilience funding from primary care SDF will be allocated on a fair-shares basis to ICBs, via a single payment in Q1 of this year. This funding should be used by ICBs for investment in specific technology upgrade initiatives aligned with the requirements of the GPIT operating model.
42. Funding held centrally for spend on accredited GPIT core clinical and other systems, is provided based on a notional allocation per ICB. This funding is required to be spent on products included on the digital care services catalogue and associated frameworks.

There will be additional funding available (c.£70m) for spend on accredited systems in 2023/24 as part of the delivery plan for access recovery plan to support general practice to access improved digital tools (online consultation systems, messaging and appointment booking tools).

NHS England will work alongside systems to ensure this new funding enables additional digital capacity for practices and PCNs, and does not allow disinvestment, or replace existing digital funding.

ICBs will be expected to work with PCNs and practices to decide which tools from the catalogue will best enable them to shift to the modern general practice access model and to implement and sustain improvements as set out in appendix 4.

Appendix 1: Coding instructions

Primary care transformation coding

1. Expenditure should be coded to one of the following existing codes. These codes will be looked at in total to determine spend against the £169.9m:
 - Digital First support sub analysis A3 code 000010
 - Primary care Network sub analysis A3 code 000009
 - GP Transformation Support sub analysis A3 code 000030
 - Estates Business Cases - sub analysis A3 code 000005
 - Local GP Retention Fund - sub analysis A3 code 000013
 - primary care Flexible Staffing Pools - sub analysis A3 code 000016
 - Training Hubs - sub analysis A3 code 000007
 - Practice resilience programme - sub analysis A3 code 000004
 - Practice Nurse Measures - sub analysis A3 code 000006
 - PCN Leadership and Management - this is co-commissioning expenditure and should be coded as such.
2. If none of these codes seem appropriate, please contact the primary care Finance Team: england.pcfinancegroup@nhs.net. These codes will be kept under review and added to if required.

Coding for workforce programmes

ARRS coding requirements

3. PCNs will need to submit claims for 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 ARRS funding in their primary medical care allocation.
4. ARRS expenditure integrated single financial environment (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 reflect baseline allocations and forecast for the expected 2023/24 expenditure on individual roles.

5. National guidance for ARRS coding can be found in Section 10.3.6 on pages 40 to 46 of the [Network Contract](#).
6. Systems should ensure that PCNs and practices are accurately recording workforce numbers in the National Workforce Reporting Service (NWRS).

General practice fellowships coding and monitoring requirements

7. Systems need to code expenditure using the sub analysis A3 code. The General Practice Fellowships allocations will have two Sub Analysis A3 codes:
 - a. 000024 'Fellowships GP' for expenditure relating to GP Fellowships and
 - b. 000025 'Fellowships Nurse' for expenditure that relates to Nurse Fellowships.
8. Systems will be required to draw together a proposal for how the scheme will be delivered, as well as supplying updates through PCMS. Validation of actual and planned spend and delivery will enable further allocations.

Supporting mentors coding and monitoring requirements

9. Expenditure should be coded to the sub analysis A3 code 000015 'PCT Supporting Mentors'.
10. 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.

International GP recruitment, International Induction programme and visa support coding and monitoring requirements

11. Expenditure should be coded to the sub analysis A3 code 000003 'PCT International Recruitment'.
12. ICBs will need to provide a list of the names and practices of the GPs who have signed up for these programmes.

GPIT – Infrastructure and Resilience

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

Appendix 2: ICB primary care SDF allocations

Figure 1: Total funding available

				2023/24 SDF				
TABLE 1: TOTAL AVAILABLE				General Practice Fellowships	Supporting GP Mentors	Primary Care Transformation	GPIT - Infrastructure and Resilience	Total Allocation
				£'000s	£'000s	£'000s	£'000s	£'000s
Org. code:	Organisation Name:	Region Code:	Region Name:					
QKK	SOUTH EAST LONDON ICB	Y56	London	1,153	271	5,486	420	7,330
QMF	NORTH EAST LONDON ICB	Y56	London	1,292	304	6,142	470	8,208
QMJ	NORTH CENTRAL LONDON ICB	Y56	London	981	231	4,665	357	6,234
QRV	NORTH WEST LONDON ICB	Y56	London	1,529	360	7,271	556	9,716
QWE	SOUTH WEST LONDON ICB	Y56	London	917	216	4,364	334	5,831
QJK	DEVON ICB	Y58	South West	753	177	3,579	274	4,783
QOX	BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIR	Y58	South West	556	131	2,643	202	3,532
QR1	GLOUCESTERSHIRE ICB	Y58	South West	391	92	1,855	142	2,480
QSL	SOMERSET ICB	Y58	South West	353	83	1,678	128	2,242
QT6	CORNWALL AND THE ISLES OF SCILLY ICB	Y58	South West	375	88	1,779	136	2,378
QUY	BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB	Y58	South West	587	137	2,790	213	3,727
QVV	DORSET ICB	Y58	South West	484	113	2,302	176	3,075
QKS	KENT AND MEDWAY ICB	Y59	South East	1,155	271	5,487	420	7,333
QNQ	FRIMLEY INTEGRATED CARE ICB	Y59	South East	439	103	2,085	160	2,787
QNX	SUSSEX ICB	Y59	South East	1,067	251	5,072	388	6,778
QRL	HAMPSHIRE AND THE ISLE OF WIGHT ICB	Y59	South East	1,105	260	5,252	402	7,019
QU9	BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST ICB	Y59	South East	1,063	249	5,053	387	6,752
QXU	SURREY HEARTLANDS ICB	Y59	South East	617	145	2,932	224	3,918
QGH	HEREFORDSHIRE AND WORCESTERSHIRE ICB	Y60	Midlands	489	115	2,327	178	3,109
QHL	BIRMINGHAM AND SOLIHULL ICB	Y60	Midlands	937	220	4,453	341	5,951
QJ2	DERBY AND DERBYSHIRE ICB	Y60	Midlands	636	149	3,024	231	4,040
QJM	LINCOLNSHIRE ICB	Y60	Midlands	515	121	2,450	187	3,273
QK1	LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	Y60	Midlands	659	155	3,132	240	4,186
QNC	STAFFORDSHIRE AND STOKE ON TRENT ICB	Y60	Midlands	677	159	3,221	246	4,303
QOC	SHROPSHIRE, TELFORD AND WREKIN ICB	Y60	Midlands	309	73	1,466	112	1,960
QPM	NORTHAMPTONSHIRE ICB	Y60	Midlands	463	108	2,197	168	2,936
QT1	NOTTINGHAM AND NOTTINGHAMSHIRE ICB	Y60	Midlands	716	168	3,400	260	4,544
QUA	BLACK COUNTRY ICB	Y60	Midlands	773	181	3,674	281	4,909
QWU	COVENTRY AND WARWICKSHIRE ICB	Y60	Midlands	612	144	2,912	223	3,891
QH8	MID AND SOUTH ESSEX ICB	Y61	East of England	701	165	3,334	255	4,455
QHG	BEDFORDSHIRE, LUTON AND MILTON KEYNES ICB	Y61	East of England	589	139	2,804	215	3,747
QJG	SUFFOLK AND NORTH EAST ESSEX ICB	Y61	East of England	629	148	2,995	229	4,001
QM7	HERTFORDSHIRE AND WEST ESSEX ICB	Y61	East of England	867	204	4,122	315	5,508
QMM	NORFOLK AND WAVENEY ICB	Y61	East of England	685	161	3,258	249	4,353
QUE	CAMBRIDGESHIRE AND PETERBOROUGH ICB	Y61	East of England	568	133	2,699	206	3,606
QE1	LANCASHIRE AND SOUTH CUMBRIA ICB	Y62	North West	1,100	259	5,232	400	6,991
QOP	GREATER MANCHESTER INTEGRATED CARE ICB	Y62	North West	1,924	452	9,144	702	12,222
QYG	CHESHIRE AND MERSEYSIDE ICB	Y62	North West	1,667	392	7,925	606	10,590
QF7	SOUTH YORKSHIRE ICB	Y63	North East and Yorks	864	203	4,105	314	5,486
QHM	NORTH EAST AND NORTH CUMBRIA ICB	Y63	North East and Yorks	1,935	455	9,196	704	12,290
QOQ	HUMBER AND NORTH YORKSHIRE ICB	Y63	North East and Yorks	1,076	253	5,115	391	6,835
QWO	WEST YORKSHIRE ICB	Y63	North East and Yorks	1,536	361	7,300	558	9,755
Total ICB Allocations				35,744	8,400	169,920	13,000	227,064

Figure 2: Confirmed funding (allocated in quarter 1)

TABLE 2: OF WHICH: CONFIRMED (ALLOCATED IN QUARTER 1)				2023/24 SDF				
				General Practice Fellowships	Supporting GP Mentors	Primary Care Transformation	GPIT - Infrastructure and Resilience	Total Allocation
				£'000s	£'000s	£'000s	£'000s	£'000s
Organi sation code:	Organisation Name:	Region Code:	Region Name:					
QKK	SOUTH EAST LONDON ICB	Y56	London	288	68	5,486	420	6,262
QMF	NORTH EAST LONDON ICB	Y56	London	323	76	6,142	470	7,011
QMJ	NORTH CENTRAL LONDON ICB	Y56	London	245	58	4,665	357	5,325
QRV	NORTH WEST LONDON ICB	Y56	London	382	90	7,271	556	8,299
QWE	SOUTH WEST LONDON ICB	Y56	London	229	54	4,364	334	4,981
QJK	DEVON ICB	Y58	South West	188	44	3,579	274	4,085
QOX	BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIR	Y58	South West	139	33	2,643	202	3,017
QR1	GLOUCESTERSHIRE ICB	Y58	South West	98	23	1,855	142	2,118
QSL	SOMERSET ICB	Y58	South West	88	21	1,678	128	1,915
QT6	CORNWALL AND THE ISLES OF SCILLY ICB	Y58	South West	94	22	1,779	136	2,031
QUY	BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE IC	Y58	South West	147	34	2,790	213	3,184
QVV	DORSET ICB	Y58	South West	121	28	2,302	176	2,627
QKS	KENT AND MEDWAY ICB	Y59	South East	289	68	5,487	420	6,264
QNG	FRIMLEY INTEGRATED CARE ICB	Y59	South East	110	26	2,085	160	2,381
QNX	SUSSEX ICB	Y59	South East	267	63	5,072	388	5,790
QRL	HAMPSHIRE AND THE ISLE OF WIGHT ICB	Y59	South East	276	65	5,252	402	5,995
QU9	BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST ICB	Y59	South East	266	62	5,053	387	5,768
QXU	SURREY HEARTLANDS ICB	Y59	South East	154	36	2,932	224	3,346
QGH	HEREFORDSHIRE AND WORCESTERSHIRE ICB	Y60	Midlands	122	29	2,327	178	2,656
QHL	BIRMINGHAM AND SOLIHULL ICB	Y60	Midlands	234	55	4,453	341	5,083
QJ2	DERBY AND DERBYSHIRE ICB	Y60	Midlands	159	37	3,024	231	3,451
QJM	LINCOLNSHIRE ICB	Y60	Midlands	129	30	2,450	187	2,796
QK1	LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	Y60	Midlands	165	39	3,132	240	3,576
QNC	STAFFORDSHIRE AND STOKE ON TRENT ICB	Y60	Midlands	169	40	3,221	246	3,676
QOC	SHROPSHIRE, TELFORD AND WREKIN ICB	Y60	Midlands	78	18	1,466	112	1,674
QPM	NORTHAMPTONSHIRE ICB	Y60	Midlands	116	27	2,197	168	2,508
QT1	NOTTINGHAM AND NOTTINGHAMSHIRE ICB	Y60	Midlands	179	42	3,400	260	3,881
QJA	BLACK COUNTRY ICB	Y60	Midlands	193	45	3,674	281	4,193
QWU	COVENTRY AND WARWICKSHIRE ICB	Y60	Midlands	153	36	2,912	223	3,324
QH8	MID AND SOUTH ESSEX ICB	Y61	East of England	175	41	3,334	255	3,805
QHG	BEDFORDSHIRE, LUTON AND MILTON KEYNES ICB	Y61	East of England	147	35	2,804	215	3,201
QJG	SUFFOLK AND NORTH EAST ESSEX ICB	Y61	East of England	157	37	2,995	229	3,418
QM7	HERTFORDSHIRE AND WEST ESSEX ICB	Y61	East of England	217	51	4,122	315	4,705
QMM	NORFOLK AND WAVENEY ICB	Y61	East of England	171	40	3,258	249	3,718
QUE	CAMBRIDGESHIRE AND PETERBOROUGH ICB	Y61	East of England	142	33	2,699	206	3,080
QE1	LANCASHIRE AND SOUTH CUMBRIA ICB	Y62	North West	275	65	5,232	400	5,972
QOP	GREATER MANCHESTER INTEGRATED CARE ICB	Y62	North West	481	113	9,144	702	10,440
QYG	CHESHIRE AND MERSEYSIDE ICB	Y62	North West	417	98	7,925	606	9,046
QF7	SOUTH YORKSHIRE ICB	Y63	North East and Yorksh	216	51	4,105	314	4,686
QHM	NORTH EAST AND NORTH CUMBRIA ICB	Y63	North East and Yorksh	484	114	9,196	704	10,498
QOQ	HUMBER AND NORTH YORKSHIRE ICB	Y63	North East and Yorksh	269	63	5,115	391	5,838
QWO	WEST YORKSHIRE ICB	Y63	North East and Yorksh	384	90	7,300	558	8,332
Total ICB Allocations				8,936	2,100	169,920	13,000	193,956

Appendix 3: ICB ARRS funding

TOTAL AVAILABLE				2023/24 ARRS Available		
				ARRS Funding in PMC Allocation	Maximum Additional ARRS Funding	Total Max Available ARRS Funding
Org. code:	Organisation Name:	Region	Region Name:	£'000s	£'000s	£'000s
QKK	SOUTH EAST LONDON ICB	Y56	London	29,146	17,060	46,206
QMF	NORTH EAST LONDON ICB	Y56	London	32,977	19,302	52,279
QMJ	NORTH CENTRAL LONDON ICB	Y56	London	24,321	14,235	38,557
QPV	NORTH WEST LONDON ICB	Y56	London	36,595	21,419	58,014
QWE	SOUTH WEST LONDON ICB	Y56	London	23,370	13,679	37,049
QJK	DEVON ICB	Y58	South West	18,523	10,842	29,364
QOX	BATH AND NORTH EAST SOMERSET, SWINDON AND	Y58	South West	13,696	8,016	21,712
QR1	GLOUCESTERSHIRE ICB	Y58	South West	9,579	5,607	15,186
QSL	SOMERSET ICB	Y58	South West	8,703	5,094	13,797
QT6	CORNWALL AND THE ISLES OF SCILLY ICB	Y58	South West	9,304	5,446	14,750
QUY	BRISTOL, NORTH SOMERSET AND SOUTH GLOUCE	Y58	South West	14,452	8,459	22,911
QVV	DORSET ICB	Y58	South West	12,069	7,064	19,132
QKS	KENT AND MEDWAY ICB	Y59	South East	28,502	16,683	45,185
QMQ	FRIMLEY INTEGRATED CARE ICB	Y59	South East	10,789	6,315	17,104
QNX	SUSSEX ICB	Y59	South East	26,585	15,560	42,145
QRL	HAMPSHIRE AND THE ISLE OF WIGHT ICB	Y59	South East	27,346	16,006	43,352
QU9	BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIR	Y59	South East	26,324	15,408	41,732
QXU	SURREY HEARTLANDS ICB	Y59	South East	15,245	8,923	24,167
QGH	HEREFORDSHIRE AND WORCESTERSHIRE ICB	Y60	Midlands	12,808	7,496	20,304
QHL	BIRMINGHAM AND SOLIHULL ICB	Y60	Midlands	23,344	13,664	37,008
QJ2	DERBY AND DERBYSHIRE ICB	Y60	Midlands	15,899	9,306	25,205
QJM	LINCOLNSHIRE ICB	Y60	Midlands	12,857	7,525	20,382
QK1	LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	Y60	Midlands	16,378	9,586	25,965
QNC	STAFFORDSHIRE AND STOKE ON TRENT ICB	Y60	Midlands	17,504	10,245	27,749
QOC	SHROPSHIRE, TELFORD AND WREKIN ICB	Y60	Midlands	7,680	4,495	12,176
QPM	NORTHAMPTONSHIRE ICB	Y60	Midlands	11,462	6,709	18,171
QT1	NOTTINGHAM AND NOTTINGHAMSHIRE ICB	Y60	Midlands	17,967	10,516	28,483
QUA	BLACK COUNTRY ICB	Y60	Midlands	19,068	11,161	30,228
QUU	COVENTRY AND WARWICKSHIRE ICB	Y60	Midlands	15,186	8,889	24,075
QH8	MID AND SOUTH ESSEX ICB	Y61	East of England	17,532	10,262	27,794
QH9	BEDFORDSHIRE, LUTON AND MILTON KEYNES ICB	Y61	East of England	14,559	8,522	23,081
QJ9	SUFFOLK AND NORTH EAST ESSEX ICB	Y61	East of England	15,732	9,208	24,940
QM7	HERTFORDSHIRE AND WEST ESSEX ICB	Y61	East of England	21,755	12,733	34,488
QMM	NORFOLK AND WAVENEY ICB	Y61	East of England	17,401	10,185	27,586
QUE	CAMBRIDGESHIRE AND PETERBOROUGH ICB	Y61	East of England	14,100	8,253	22,353
QE1	LANCASHIRE AND SOUTH CUMBRIA ICB	Y62	North West	27,191	15,915	43,105
QOP	GREATER MANCHESTER INTEGRATED CARE ICB	Y62	North West	47,159	27,602	74,761
QYG	CHESHIRE AND MERSEYSIDE ICB	Y62	North West	41,495	24,287	65,782
QF7	SOUTH YORKSHIRE ICB	Y63	North East and Yorks	21,773	12,744	34,518
QHM	NORTH EAST AND NORTH CUMBRIA ICB	Y63	North East and Yorks	48,211	28,218	76,429
QQQ	HUMBER AND NORTH YORKSHIRE ICB	Y63	North East and Yorks	27,286	15,971	43,257
QWO	WEST YORKSHIRE ICB	Y63	North East and Yorks	38,812	22,717	61,529
Total ICB Allocations				890,685	521,326	1,412,011

Appendix 4: GPIT – indicative funding within ICB core allocations

ICBs receive GPIT revenue funding as part of their core allocation baseline. ICBs are required to deliver the core and mandated requirements of the GPIT Operating Model, for both practice and additional roles staff working with PCNs. Any remaining funding should be used to support the wider digital transformation of primary care. The total for 23/24 is £269.9m, with indicative shares by ICB as follows:

INDICATIVE Baseline GPIT Revenue					
indicative share only					
Org. code:	Organisation Name:	Region Code:	Region Name:		£'000s
QKK	SOUTH EAST LONDON ICB	Y56	London		8,833
QMF	NORTH EAST LONDON ICB	Y56	London		9,994
QMJ	NORTH CENTRAL LONDON ICB	Y56	London		7,371
QRV	NORTH WEST LONDON ICB	Y56	London		11,090
QWE	SOUTH WEST LONDON ICB	Y56	London		7,082
QJK	DEVON ICB	Y58	South West		5,613
QOX	BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIR	Y58	South West		4,151
QR1	GLOUCESTERSHIRE ICB	Y58	South West		2,903
QSL	SOMERSET ICB	Y58	South West		2,638
QT6	CORNWALL AND THE ISLES OF SCILLY ICB	Y58	South West		2,820
QUY	BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE	Y58	South West		4,380
QVV	DORSET ICB	Y58	South West		3,657
QKS	KENT AND MEDWAY ICB	Y59	South East		8,638
QNQ	FRIMLEY INTEGRATED CARE ICB	Y59	South East		3,270
QNX	SUSSEX ICB	Y59	South East		8,057
QRL	HAMPSHIRE AND THE ISLE OF WIGHT ICB	Y59	South East		8,287
QU9	BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST	Y59	South East		7,978
QXU	SURREY HEARTLANDS ICB	Y59	South East		4,620
QGH	HEREFORDSHIRE AND WORCESTERSHIRE ICB	Y60	Midlands		3,881
QHL	BIRMINGHAM AND SOLIHULL ICB	Y60	Midlands		7,075
QJ2	DERBY AND DERBYSHIRE ICB	Y60	Midlands		4,818
QJM	LINCOLNSHIRE ICB	Y60	Midlands		3,896
QK1	LEICESTER, LEICESTERSHIRE AND RUTLAND ICB	Y60	Midlands		4,964
QNC	STAFFORDSHIRE AND STOKE ON TRENT ICB	Y60	Midlands		5,305
QOC	SHROPSHIRE, TELFORD AND WREKIN ICB	Y60	Midlands		2,328
QPM	NORTHAMPTONSHIRE ICB	Y60	Midlands		3,474
QT1	NOTTINGHAM AND NOTTINGHAMSHIRE ICB	Y60	Midlands		5,445
QUA	BLACK COUNTRY ICB	Y60	Midlands		5,779
QWU	COVENTRY AND WARWICKSHIRE ICB	Y60	Midlands		4,602
QH8	MID AND SOUTH ESSEX ICB	Y61	East of England		5,313
QHG	BEDFORDSHIRE, LUTON AND MILTON KEYNES ICB	Y61	East of England		4,412
QJG	SUFFOLK AND NORTH EAST ESSEX ICB	Y61	East of England		4,768
QM7	HERTFORDSHIRE AND WEST ESSEX ICB	Y61	East of England		6,593
QMM	NORFOLK AND WAVENEY ICB	Y61	East of England		5,274
QUE	CAMBRIDGESHIRE AND PETERBOROUGH ICB	Y61	East of England		4,273
QE1	LANCASHIRE AND SOUTH CUMBRIA ICB	Y62	North West		8,240
QOP	GREATER MANCHESTER INTEGRATED CARE ICB	Y62	North West		14,292
QYG	CHESHIRE AND MERSEYSIDE ICB	Y62	North West		12,575
QF7	SOUTH YORKSHIRE ICB	Y63	North East and Yorkshire		6,599
QHM	NORTH EAST AND NORTH CUMBRIA ICB	Y63	North East and Yorkshire		14,611
QOQ	HUMBER AND NORTH YORKSHIRE ICB	Y63	North East and Yorkshire		8,269
QWO	WEST YORKSHIRE ICB	Y63	North East and Yorkshire		11,762
Total ICB Allocations					269,928

Appendix 5: Checklist of key ICB actions from Delivery Plan for Recovering Access to Primary Care

Action for ICBs	Reporting	Time due
Commitment: Empowering patients		
1. Establish all self-referral pathways (including MSK, audiology and podiatry) as set out in 2023/24 guidance , also ensure pathways are in place between community optometrists and ophthalmologists	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	By 30 September 2023
Commitment: Modern general practice access		
2. Sign up practices ready to move from analogue to digital telephony, and co-ordinate access to specialist procurement support through NHS England's commercial hub Determine whether ICB wants to follow scale approach to telephony (see Leeds case study on p23 in Delivery Plan for Recovering Access to primary care) Use peer networks and demonstrations with practices/PPGs/PCNs to help practices and PCNs identify and adopt digital telephony	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	By 1 July 2023 for sign-up Ongoing for co-ordination
3. Select digital tools from the Digital Pathway Framework lot on DCS product catalogue (published in August), using user research and preview to be published by June Determine whether ICB wants to follow scale approach to digital products Use peer networks and demonstrations with practices/PPGs/PCNs to help practices and PCNs identify and adopt the most usable software	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	31 August 2023

Action for ICBs	Reporting	Time due
<p>4. Nominate practices and PCNs for national intensive and intermediate transformation support matched to needs using the Support Level Framework where possible to understand support needs, with the aim being for all practices to have had a facilitated discussion using the SLF during the year. Prioritise practices with greatest challenges, and with data from digital telephony already in place, and nominate further practices as they implement digital telephony (ICBs should work with regions to determine population appropriate share of nominations).</p> <p>Phase A (Intensive) (250 practices nationally) nominated by 30 May 2023.</p> <p>Phase B (Intensive & intermediate) (250 and 100 practices nationally) nominated by 14 June 2023.</p> <p>Further phases to be nominated, in July, September and November 2023.</p>	<p>Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board</p>	<p>ICBs nominate practices and PCNs for support through 23/24 and 24/25</p>
<p>5. Fund or provide local hands-on support to 850 practices nationally (ICBs should work with regions to determine population appropriate share of target). We would expect the level of support to be similar to the national intermediate offer, and offered alongside wider or ongoing support for practices and PCNs where required, using the outputs of the SLF to help guide specific support needs.</p>	<p>Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board</p>	<p>31 March 2024</p>
<p>6. Agree and distribute transition cover and transformation support funding (£13.5k / qualifying practice) to support practice teams seeking to implement Modern General Practice Access model.</p> <p>Guidance on distribution to be published soon.</p>	<p>Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board</p>	<p>Ongoing</p>
<p>7. Co-ordinate nominations and allocations to care navigator training, and digital and transformation PCN leads training and leadership improvement training.</p> <p>Cohort 1 (40 PCN D&T leads nationally) nominated by 7 June 2023.</p> <p>3,250 Care Navigators nationally nominated by 31 July.</p> <p>ICBs should work with regions to determine population appropriate share of nominations.</p>	<p>Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board</p>	<p>50% of 2023/24 nominations by 31 July 2023</p>
<p>8. Understand and sign off PCN/practice capacity and access IIF CAIP baseline using guidance and Annex B template.</p>	<p>Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board</p>	<p>By 30 June 2023</p>

Action for ICBs	Reporting	Time due
9. Agree with practice/PCN support needs (digital telephony, online tools, training, capacity backfill, intensive support, etc).	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	By 15 July 2023
10. Co-develop and sign off PCN/practice access improvement plans ⁵ leveraging example practice access improvement plans published by NHS England by 9 June.	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	By 31 July 2023
11. Assess improvement and pay 30% CAP IIF funding at the end of year using progress against baseline and access improvement plans, as well as improvement activity across all three areas over the year as per template in guidance and further guidance to be issued by 30 June.	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	Instruct PCSE by 6 August 2024 To be paid by 31 August 2023
12. Set up process for practices to inform of diversion to 111 and monitor exceptional use when over capacity.	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	Ongoing 2023/24
13. Develop system level access improvement plans which include summary of practice/PCN improvement plans, challenges, wider support needs and barriers and ICB actions (including leading local improvement communities, leveraging and promoting universal support offer, and improving the quality of core digital patient journeys for patients and staff and usability of practice websites supported by the national website audit tool). <ul style="list-style-type: none"> Guidance/example system level access improvement plan to be published by 31 July Guidance/example board report on plan and progress to be published later by 31 August 	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	By October /November board 2023
Commitment: Capacity		
14. Support PCNs to use their full ARRS ⁶ budget and report accurate complement of staff using NWRS portal	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	Ongoing 2023/24

⁵ As specified in Network Contract [DES](#) IIF Capacity and Access improvement payment guidance. Plan should also cover all the items in this practice/PCN checklist

⁶ The ARRS scheme is highlighted in the Delivery Plan for Recovering Access to primary care. The action is therefore included here, even though it is an ongoing action for ICBs.

Action for ICBs	Reporting	Time due
Commitment: Reducing bureaucracy		
15. Report in public board updates and plans for improving the primary–secondary care interface (four focus areas highlighted in the recovery plan)	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	By October/ November board 2023
Commitment: Enablers		
16. Co-ordinate system comms to support patient understanding of the new ways of working in general practice including digital access, multidisciplinary teams and wider care available. This messaging should include system-specific services and DoS (Director of local services).	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	Ongoing 2023/24
17. Maintain an up-to-date DoS and deliver training to all practices/PCNs on DoS.	Report progress into public Oct/Nov 2023 board and public Apr/May 2024 board	Ongoing 2023/24

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