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Copy: ICS leaders

An electronic copy of this letter, and all other relevant guidance from NHS England and NHS Improvement can be found here:

<https://www.england.nhs.uk/coronavirus/primary-care>

9 November 2020

Dear CCGs, GPs and general practice teams,

SUPPORTING GENERAL PRACTICE – ADDITIONAL £150 MILLION OF FUNDING FROM NHS ENGLAND

Thank you for the work you have done and continue to do. It is recognised, valued and appreciated.

Across England, patients are now accessing general practice as much as they were before the pandemic, with overall national activity levels above 6 million appointments a week. This is an important achievement reflecting the work of everyone in general practice.

Patients and the public are now hearing and responding to the message that general practice everywhere is and will continue to remain fully open for them safely during this second wave of COVID-19 and second national lockdown. Every possible measure should be taken by practices, PCNs and CCGs to maintain and expand general practice capacity, to address the continued needs of patients as practices respond to COVID-19, deal with the backlog of care, and improve services.

Progress is being made. Nearly 6,000 full-time equivalent (FTE) staff have been employed on the Additional Roles Reimbursement Scheme (ARRS). CCGs should continue to prioritise maximum support to PCNs, to ensure that PCN recruiting intentions are fully delivered. This could mean that over 9,000 PCN staff are in place nationally by spring. The funding entitlement for the PCN workforce has already been guaranteed now and it will continue to remain protected for the future.

Full use should also be made of the GP recruitment and retention initiatives and dedicated funding, including the new to partnership payment, returners scheme, mentorship scheme and fellowship scheme, with ICS and CCG support.

General Practice Covid Capacity Expansion Fund

NHS England is today establishing a new General Practice Covid Capacity Expansion Fund. £150 million of revenue is being immediately allocated through ICS to CCGs for general practice, for the purpose of supporting the expanding general practice capacity up until the end of March 2021. Allocations by ICS are attached in Appendix 1.

The fund is ringfenced exclusively for use in general practice. It will be for ICSs and CCGs to determine how best it is spent within general practice, with a focus on simplicity and speed of deployment, within the following parameters. CCGs should not introduce overly burdensome administrative processes for PCNs and practices to secure support.

Expanding capacity

Accessing the fund will be conditional on practices and PCNs continuing to complete national appointment and workforce data in line with existing contractual requirements. Where an individual practice is not yet accurately recording activity that is broadly back at its own pre-COVID levels, it is expected to do so as part of accessing the fund. CCGs should seek to understand and support the relatively small number of practices that are finding restoration of their activity most difficult.

Systems are encouraged to use the fund to stimulate the creation of additional salaried GP roles that are attractive to practices and locums alike. The fund could also be used for the employment of staff returning to help with COVID, or to increase the time commitment of existing salaried staff. And in line with commitments already made in the GP contract, support will be available to establish flexible pools of employed GPs (including returners) and other staff to deploy across local communities.

The following will also be made available to support systems to increase GP capacity:

- financial support (up to £120k) in addition to the £150m to each STP/ICS to support the process of recruiting and deploying employed GPs on the basis above
- an optional flexible GP employment contract template;
- a digital suppliers framework to assist GP workforce deployment by matching sessional capacity to local demand.

Expectations

Subject to the above requirement about returning activity to at least prior levels, the £150 million funding will be expected to support seven priority goals:

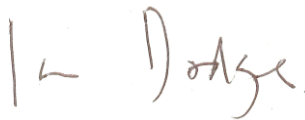
1. Increasing GP numbers and capacity
2. Supporting the establishment of the simple COVID oximetry@home model, arrangements for which will be set out in a parallel letter shortly
3. First steps in identifying and supporting patients with Long COVID
4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list
5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
6. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021 set out in the inequalities annex to the third system letter. This will require additional focus given current achievement is one fifth lower than the equivalent position last year; and actions to improve ethnicity data recording in GP records
7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely.

ICs and CCGs will be expected to achieve these goals, and confirm they have spent the money fully within general practice. The funding is non-recurrent and should not be used to fund commitments running beyond this financial year.

The £150m fund represents the total available additional COVID funding for general practice until March 2021, except for arrangements for potential COVID vaccine delivery which would be in addition.

With our appreciation and thanks for everything you are doing.

Ian



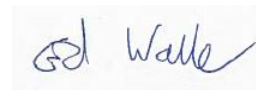
National Director of
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Medical Director for
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Ed



Director of Primary Care

Appendix 1: Fair shares allocation at STP level weighted by primary care 20/21 allocation

STP	Fair shares allocation of the CSF H2 (£150m) weighted by 20/21 primary care allocation
Bath and North East Somerset, Swindon and Wiltshire STP	2.26m
Bedfordshire, Luton and Milton Keynes STP	2.78m
Birmingham and Solihull STP	3.40m
Bristol, North Somerset and South Gloucestershire STP	2.40m
Buckinghamshire, Oxfordshire and Berkshire West STP	4.43m
Cambridgeshire and Peterborough STP	2.40m
Cheshire and Merseyside STP	7.02m
Cornwall and the Isles of Scilly Health and Social Care Partnership (STP)	1.53m
Coventry and Warwickshire STP	2.71m
Cumbria and North East STP	9.35m
Devon STP	2.62m
Dorset STP	2.03m
East London Health & Care Partnership (STP)	4.49m
Frimley Health & Care ICS (STP)	2.40m
Gloucestershire STP	1.58m
Greater Manchester Health and Social Care Partnership (STP)	8.00m
Hampshire and the Isle of Wight STP	4.26m
Healthier Lancashire and South Cumbria STP	4.61m
Herefordshire and Worcestershire STP	2.17m
Hertfordshire and West Essex STP	3.69m
Humber, Coast and Vale STP	5.40m
Joined Up Care Derbyshire STP	1.33m
Kent and Medway STP	4.71m
Leicester, Leicestershire and Rutland STP	2.54m
Lincolnshire STP	2.16m
Mid and South Essex STP	2.95m
Norfolk and Waveney Health & Care Partnership (STP)	2.94m
North London Partners in Health & Care (STP)	4.11m
North West London Health & Care Partnership (STP)	7.19m
Northamptonshire STP	1.87m
Nottingham and Nottinghamshire Health and Care STP	2.73m
Our Healthier South East London STP	4.98m
Shropshire and Telford and Wrekin STP	2.43m
Somerset STP	1.43m
South West London Health & Care Partnership (STP)	3.99m
South Yorkshire and Bassetlaw STP	2.94m
Staffordshire and Stoke on Trent STP	3.31m
Suffolk and North East Essex STP	2.64m
Surrey Heartlands Health & Care Partnership (STP)	2.54m
Sussex Health and Care Partnership STP	4.60m
The Black Country and West Birmingham STP	2.67m
West Yorkshire and Harrogate Health & Care Partnership (STP)	6.41m
Grand Total	150m

Classification: Official