

To: CCG Clinical Leads and Accountable Officers
Regional Directors of Commissioning
Regional Directors of Primary Care and Public Health
Regional Heads of Primary Care

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

31 March 2022

Dear colleagues

Update to the GP contract agreement 2022/23: Financial Implications

The letter of 1 March outlined the updates for the initial set of GP contract arrangements for 2022/23, and provided a summary of the changes. That letter is available [here](#).

Additional Funding Allocations

CCG Primary Medical Care baseline allocations have been uplifted to take account of the additional funding shown in the table below. The detailed Primary Medical Care local allocation adjustments by CCG and ICB are attached at Appendix A. Columns shaded in grey are for information only and not additional allocations.

Table 1

	2021/22 £m	2022/23 £m
Allocations as published 17/7/2019	8,771	9,194
Plus Care Homes Premium funding	55	55
Plus practice funding increase from the 2020/21 contract agreement	20	20
Plus new QOF indicators from 21/22 – Severe Mental Illness and Vaccinations and Immunisations	82	82
Plus IIF (initial allocation for 2021/22 / full allocation for 2022/23)	51	225
Plus top-up IIF allocation for 2021/22	99	0
Move PCN cash support (£1.50 per head) from core to PMC allocations	0	91
Total updated PMC allocations at 1/1/2022	9,078	9,667

Additional funding is available to commissioners to support the contract arrangements is as follows:

Table 2

Additional ICB allocations	2022/23 £m
Subject Access Requests	20.0
Weight Management Service	11.5
PCN Leadership and Management	43.0
Additional IIF funding	34.6
Total	109.1

A summary of what these amounts are intended to fund is set out below.

- The Subject Access Requests funding is a continuation of funding in Global Sum (£20m) for one additional year (2022/23) to reflect workload for practices from Subject Access Requests (SARs). The original 5-year deal had assumed that this funding would cease beyond 2021/22. The allocations included in Appendix A are based on the commissioner’s share of the funding according to their share of the total 2022/23 Primary Medical Care allocations. This funding is reflected in the updated global sum payments to practices and so will flow automatically to practices.
- The £11.5m funding for the Weight Management Enhanced Service (WMS) is to support the continuation of the service into 2022/23. The indicative allocations included in Appendix A are based on estimated need derived from March 2020 obesity registers and are indicative only at this stage. The new WMS Enhanced Service Specification is due for publication shortly and final allocations for this Enhanced Service will be issued later in the year. The scheme will operate similarly to the scheme in 21/22; CCG and ICB actual allocations will be matched with the level of funding required for the WMS in their system, up to the maximum of their indicative allocation. For planning purposes, commissioners should assume a full spend against these indicative allocations.
- The £43m for PCN Leadership and Management is in addition to the £44m in CCG Primary Medical Care Allocations for PCN Clinical Directors, giving a total of £87m for PCN Leadership and Management for 2022/23.
 - We had previously included £86m of indicative SDF funding for PCN leadership and management (in addition to the £44m in PMC allocations for clinical directors). We have updated SDF schedules to

show £nil PCN leadership and management funding. There is £43m in contract allocations as shown in Table 2, which is a PCN entitlement.

- The allocations included in Appendix A are based on the commissioner’s share of the funding according to their share of the total 2022/23 Primary Medical Care allocations.
- The additional £34.6m Investment and Impact Fund (IIF) funding is to cover three new indicators focused on Direct Oral Anticoagulants (DOAC) prescribing and FIT testing for cancer referrals which will be introduced in 2022/23. These changes will help to ensure that a greater number of patients with atrial fibrillation receive anticoagulation therapy where clinically appropriate and that more patients with suspected lower gastrointestinal cancer will have their two week wait referral accompanied by a FIT test result. Appendix A includes allocations by ICB and CCG, which are based on their share of total 2022/23 Primary Medical Care allocations.

This does not include additional funding for the Additional Roles Reimbursement Scheme for which separate arrangements apply - and are explained below.

Enhancing the Additional Roles Reimbursement Scheme (ARRS)

As set out in chapter 1 of the 2020/21 contract update document, the ARRS has been expanded with the aim of delivering 26,000 extra staff by 2023/24.

The resources available for ARRS are shown at row (B) of Table 3.

Table 3

£m	2019/20	2020/21	2021/22	2022/23	2023/24
Original ARRS funding (A)	110	257	415	634	891
Additional ARRS funding (B)		173	331	393	521
Revised total (A + B)	110	430	746	1,027	1,412

The original ARRS funding, row (A) table 3, is already included in the Primary Care Medical allocations¹ published on 17 July 2019 – and as updated in the [draft Primary Medical Care allocations on FutureNHS](#). In 2022/23, this funding is worth £634m across England.

¹ <https://www.england.nhs.uk/publication/ccg-allocations-2019-20-to-2023-24-primary-care-medical/>

The additional ARRS funding, shown at row (B) of the table, which is worth £393m in 2022/23, will, in the first instance, be held by NHSE&I and not added to the revised local Primary Care Medical allocations.

The intention, as it was for 2021/22, is that as PCNs claim ARRS reimbursement in 2022/23, and subsequent years, so the funding shown in row (A) of the table that is included in local Primary Care Medical allocations will be paid out by CCGs.

At a CCG level, once the funding in row (A) has been claimed by PCNs and they continue to claim reimbursement over those amounts, CCGs will be able to draw down additional allocations - on the basis of need - from the centrally-held additional funding shown in row (B).

The details of these draw down arrangements for 2022/23 will be based on current guidance. PCNs must make timely claims for their ARRS workforce via the [mandatory online claim form](#) and CCGs or ICBs will not be eligible to draw down additional funding without evidence that PCNs have made claims via this process to a level commensurate with the initial allocation. The value of the funding in row (B) for each CCG is included in Appendix A.

New Enhanced Access arrangements from 1 October 2022

As agreed in the 2019 deal and subsequent updates, we will bring together, under the Network Contract DES, the two funding streams currently supporting extended access to fund a single, combined and nationally consistent access offer with updated requirements, to be delivered by Primary Care Networks. This will bring together the current £1.44 per head Network Contract DES extended hours funding and the current £6 per head CCG-commissioned extended access services. This transfer to PCNs was delayed as a result of the COVID-19 pandemic and delivery will now start from October 2022, with preparatory work from April 2022.

The funding will therefore be allocated differently in the first 6 months of the year (H1) to H2 as the current Access specification will remain in place until 30 September. This is reflected in the analysis of H1 and H2 funding included in Appendix A. The new enhanced access arrangements delivered through PCNs take effect from 1 October 2022, with both PCN entitlements and ICB allocations being based on share of PMC allocations so that funding will match costs.

PCN entitlements will be published shortly. ICBs should assume a full spend of their overall H2 funding. (This will be included in the updates to the PCN DES Specification, due for publication shortly).

Funding for Access costs is currently split across Primary Medical Care allocations, Core Allocations and SDF. To ease 2022/23 planning, and given that the draft SDF allocations included funding for the full year, we will maintain that split. The Access funding, additional to that included in both core and PMC allocations, will continue to be issued through SDF for 2022/23. We have adjusted the SDF allocations to reflect the new entitlements from H2, rather than adjusting both core and PMC allocations in year. So these updated numbers need to be reflected in plan submissions.

These are set out in Appendix A. We will bring all sources of funding together into Primary Medical Care allocations from 1 April 2023, adjusting core allocations accordingly.

The new enhanced access arrangements aim to remove variability across the country and improve patient understanding of the service. The new offer is based on PCNs providing bookable appointments outside core hours within the Enhanced Access period of 6.30pm-8pm weekday evenings and 9am-5pm on Saturdays, utilising the full multi-disciplinary team, and offering a range of general practice services, including 'routine' services such as screening, vaccinations and health checks, in line with patient preference and need. PCNs will be able to provide a proportion of Enhanced Access outside of these hours, for example early morning or on a Sunday, where this is in line with patient need locally and it is agreed with the commissioner.

SDF Allocations – key points to note for planning purposes. Further letter and guidance on SDF funding to follow.

- 1) The following allocations are set for the year now and are based on fair shares allocations:
 - a) Training Hubs
 - b) Practice Resilience
 - c) Online Consultations
 - d) GP IT Infrastructure
- 2) Access funding is also set for the year and further information on the H1 and H2 allocations is provided above and in Appendix A.

- 3) Allocations for the following Programmes will be based on fair shares for Q1 and funding for subsequent quarters conditional on actual spend and plans in place:
 - a) Local GP Retention
 - b) Fellowships
 - c) Supporting Mentors
 - d) Transformational Support, which is a combination of:
 - i) PCN Development,
 - ii) Digital First
 - iii) Flexible Staffing Pools

This funding will be disaggregated into these individual programmes for 2022/23 for the next iteration of plans - and the Primary Care Group will provide that analysis as part of the detailed SDF and GPIT guidance. For planning purposes, commissioners can assume a full spend against the Transformational Support funding in the Appendix.

- 4) Regional Primary Care Transformation (PCT) Implementation funding will be available and conditional on spend as follows:
 - a) Regions will receive half of the allocation at the beginning of the year and then
 - b) a review will take place at the half year point to decide funding for the 2nd half of the year. This funding combines all previous funding covering:
 - i) Regional Primary Care staff,
 - ii) Digital First Staff,
 - iii) Primary Care Network Staff and
 - iv) Clinical Leadership staff

Yours faithfully,



Emily Henderson

Deputy Director, GP Contract

NHS England