

Community Health and Social Care  
Directorate  
Primary Care Division



Scottish Government  
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### Addresses

#### For Action

Chief Executives NHS Boards  
General Medical Practitioners

#### For information

Director of Practitioner Services  
Division, NHS National Services Scotland

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Dear Colleague

## GP Practices – Additional Funding – COVID-19

### Background

1. On 7 April 2020, the Scottish Government announced additional funding of £15 million to be shared across all GP practices for the period from 3rd March 2020 to recognise the pressure on General Practice caused by Covid-19. Scottish Government and BMA (SGPC) agreed that no practice should receive less than £4000 and the remainder of the £15 million sum (excluding April Public Holiday) would be distributed to practices by the Scottish Workload Formula (plus Income & Expenses Guarantee).
2. PSD has informed practices by email of their share of the £15 million which included their April Public Holiday funding allocation (0.8%). These payments were made to practices by PSD week beginning 13 April 2020.

### Summary of Funding

- £15 million, with all practices getting a minimum of £4,000.
  - This was paid to you week beginning 13 April.
- Of which, £5 million was to cover the Easter Public Holidays
- An additional £5 million to cover the May Public holidays. This will be paid to you by the end of May
- Total Funding to General Practice = £20 million

3. The announcement noted that some costs had already been incurred by practices and others would arise in the coming months. It included initial guidance (Annex A) on recording and reporting mechanisms and noted that further guidance would be issued in due course. This letter gives further information and guidance on recording and reporting expenditure.
4. The announcement also noted that we anticipated that the total costs to general practice would be more than this initial allocation, and further additional payments might be required. This letter gives further information on how these additional costs will be funded.
5. Finally the announcement also noted that data on expenditure incurred during March 2020 would be collected retrospectively.
6. The SGPC and Scottish Government have agreed a key principle that no GP practice should be left out of pocket, or have any financial detriment as a result of responding to Covid-19 and that additional work incurred by practices at this time and any reasonable additional expenses should be funded, while other routine general practice income is protected.

### **Funding including Public Holidays**

7. To provide early financial support £15 million of advance funding was allocated directly to practices in April 2020 to meet Covid-19 related expenses, including payment for staying open on the Public Holidays (for the April Public Holiday this is equivalent to 0.8% of the practice's annual funding). Additional funding will be made to practices to cover the May Public Holidays at the end of May.

### **Further Guidance**

8. Also attached to this letter is the following:
  - Further guidance on what constitutes allowable expenses (Annex B).
9. Forms for claiming additional costs will be circulated with this letter:
  - General Practice Additional Costs related to Covid-19 Reimbursement form; and
  - General Practice Additional Costs related to Covid-19 Reimbursement total costs form
10. In order to allow practices to spend as required to meet their immediate needs and to reduce the administrative burden on practices and Health Boards, pre-approval by Health Boards of any Covid-19 related GP partners and staff expenses (for sickness/ self-isolation cover/ backfill and additional Covid-19 related work) is waived at least until 30 June 2020.
11. The [Statement of Financial Entitlement](#) has been updated to reflect these arrangements for sickness leave reimbursement costs for locums; other costs will be claimed through the following processes.
12. Pre-approval of non-staff expenses less than £500 per single item is also waived. Any non-staff expenses greater than £500 will require prior approval from your local Health Board Primary Care Team.
13. Practices should record all additional Covid-19 related costs incurred over the period from 3 March to 30 June 2020, to be reimbursed in line with the guidance below in the attached

claim General Practice Additional Costs related to Covid-19 Reimbursement form. Do not include any expenses that have already been reimbursed.

14. Expenses incurred in covering Public Holidays in April and May do not need to be documented and will not be assessed by Boards as part of a future audit as these are funded from the 1.6% Public Holiday funding. This funding is the totality of funding to cover practices being open over the April and May Public Holidays. Practices cannot additionally claim increased partner or staff costs for Public Holidays. Please do not include direct expenses e.g. staff overtime, additional sessions worked related to these days in the General Practice Additional Costs related to Covid-19 Reimbursement form.
15. Practices should collect and provide documentation as appropriate for all other necessary costs and expenses as set out below, for submission to their Health Board/ Practitioner Services Division by 3rd July 2020 on the attached General Practice Additional Costs related to Covid-19 Reimbursement form and General Practice Additional Costs related to Covid-19 Reimbursement total costs form. Your local Primary Care Team will advise who claims should be sent to. All practices should submit the General Practice Additional Costs related to Covid-19 Reimbursement total costs form, even in circumstances where none or very little expense has been incurred i.e. nil returns are also required.
16. These costs and expenses will then be reconciled against the advance payments received by the practice (less the amount allocated to cover April Public Holidays). Additional expenditure not already funded will be reimbursed to practices in July or August 2020 by PSD (on behalf of the relevant Health Board).
17. If practices do not provide evidence to indicate that they have spent all of their advance funding i.e. the practices share of £15 million less the April Public Holiday 0.8%, by the end of March 2021, PSD (on behalf of the board) will reconcile any balances at the end of the financial year and make recoveries relating to any underspends.
18. Practices with several staff members affected by Covid-19 or other high Covid-19 related costs may require further advance funding, if they have used their share of the £15 million before the end of June 2020. In those circumstances, where practices are experiencing cash flow difficulties they can approach their Health Board/ PSD and request a further advance of funding. This additional funding will be part of the reconciliation process in July 2020.

### **GP Partner & Staff Costs**

19. All reasonable GP Partner and employed staff overtime and additional costs relating to backfill for staff who are sick/ self-isolating, or as a result of additional work required to meet the needs of Covid-19 for example work required in contacting Shielding patients will be reimbursed. This includes the total costs of employment not just gross staff pay.
20. Costs should be entered on the General Practice Additional Costs related to COVID19 Reimbursement form on a monthly basis per member of staff and GP partner but should **NOT** include costs incurred on Public Holidays as outlined above. Evidence of payment of these costs should be provided by providing copies of staff pay slips/ timesheets etc. for each month where overtime was paid and attached to the appropriate claim form.
21. We understand that GP partner costs vary from practice to practice, and that it would be difficult to provide evidence of additional hours worked and payments to partners. Therefore, during the period of the pandemic, Scottish Government has agreed with SGPC that all partners who work additional sessions to backfill for other members of the team

who are off sick/ self-isolating or for carrying out any additional work required (for example contacting shielded patients) will be paid at an agreed national rate of £290 per session (including superannuation) - this rate for GP partners is only for the purposes of reimbursement during the pandemic – it will not set a precedent for future either nationally or locally. Again these sessions should be recorded on the attached General Practice Additional Costs related to Covid-19 Reimbursement form per GP partner per month.

### **Additional Expenses**

22. Additional Expenses will only be reimbursed where practices have had to purchase supplies or equipment that is not ordinarily supplied by the Health Board (for example telephony equipment, headsets, additional telephone lines etc.). Costs incurred relating to areas which are provided by the Health Board (for example, IT expenses and PPE) will not be reimbursed through this funding.
23. Other allowable expenses could include increased indemnity costs and increased practice staff travel costs e.g. for practice nurses carrying out home or care home visits. Evidence of additional costs incurred should be provided by way of invoices, receipts etc.
24. Any single expense from the date of issue of this circular of more than £500 should be approved by the Health Board/ PSD prior to any expenditure. Any costs incurred prior to the issue of this circular greater than £500 which did not have prior approval from the Health Board/ PSD may be subject to further scrutiny by the Health Board. Where there is uncertainty as to whether the purchase was essential to the provision of Covid-19 related services by the practice, the Health Board may require additional evidence from the practice.

### **Furloughing of Staff**

25. A very small number of GP practices have enquired about furloughing practice staff during the pandemic. GP practice staff cannot be furloughed as furloughing is only available to those businesses and organisations that meet the UK government criteria. This criteria does not extend to general practice because it is publicly funded and that funding is continuing. GP practices do not need to lay-off staff, and would do so at their own risk and could potentially jeopardise their funding by doing so as practice GMS income is protected.
26. The UK Government has [said](#) that it expects that the scheme will not be used by many public sector organisations, as most public sector employees are continuing to provide essential public services or contribute to the response to the coronavirus outbreak.
27. Where employers receive public funding for staff costs, and that funding is continuing, the Scottish Government expects employers to use that money to continue to pay staff in the usual fashion – and correspondingly not to furlough them. This also applies to non-public sector employers who receive public funding for staff costs.
28. We are also aware that some practices may have staff in the shielding category who may be absent for up to 12 weeks. Those staff should continue to receive their normal pay, and any additional staff costs required to cover their absence can be reimbursed as set out above. If practices are unsure if a member of staff should be working because of health related issues then further advice can be provided by your local GP Occupational Health Service. The practice should also explore remote or home working options such as NHS Near Me, VPN or other remote desktop applications for those members of staff who are unable to attend the practice, both clinical and administrative.

29. We are also aware that some practices may currently have some 'spare practice staff capacity'. We would encourage practices to consider different ways to utilise any practice staff capacity e.g. contacting shielding patients, completing Key Information Summaries and Anticipatory Care Plans. We would also ask practices to consider if there are opportunities for clinical staff, particularly nursing staff to support local community nursing teams with home visiting and supporting local care homes. Any additional costs e.g. overtime, travel costs etc. incurred should be covered through the Covid-19 related funding outlined above.
30. During this crisis we would not expect practices to be charging Health Boards/ HSCPs for where their staff provide additional support, while practices income is protected and additional funding has been provided. We would also encourage practices to begin to think about how it could encourage patients to utilise the practice for non-Covid related non-urgent care utilising telephone or NHS Near Me consulting. As part of this practices may wish to consider what messages they currently have on their practices websites or telephone answer machines.
31. We are also aware that some areas have been discussing what support one practice could potentially provide another practice that is in difficulty due to a large number of members of the team being off sick or self-isolating. Again where these buddying/ support arrangements are happening we would not expect one practice to charge another practice for support from their practice staff. Buddying arrangements are already set out in the [Statement of Financial Entitlements](#).
32. I would like to take this opportunity to thank you and your staff for the hard work and dedication you are bringing to safeguarding the health and wellbeing of your communities during this pandemic. I hope the contents of this letter help to outline the financial steps we are taking to support you in this work.

### Action

33. NHS Boards are requested to bring this circular to the attention of all GP contractors. Please bring policy enquiries to the attention of Michael Taylor ([Michael.taylor@gov.scot](mailto:Michael.taylor@gov.scot)).

Yours sincerely



Daniel Hinze  
Deputy Director and Head of Primary Care Division

Annex A – as published in the letter of 7th April 2020

## **Covid-19 Additional Funding to Practices – Guidance**

### **Reporting requirements**

A condition of this funding is that practices must fully participate in responding to Covid-19 as outlined in national guidance, particularly [PCA\(M\)\(2020\)02](#). Scottish Government understands that some practices will have capacity challenges and that service provision may be reduced in a planned manner for agreed periods.

All GP Contractors requiring reimbursement of Covid-19 related expenditure must provide their Health Board with access to management accounts and other relevant records for audit purposes.

All necessary additional expenditure arising from the Covid-19 outbreak should be recorded. Such expenditure should be categorised using the following categories:

- Staff costs:
  - Non-clinical;
  - Clinical:
    - salaried;
    - sessional;
- Equipment, including telephony;
- GP partner costs;

All such expenditure must be appropriately evidenced and the evidence made available for inspection upon request by NSS.

Expenditure must be reported retrospectively to the local Health Board. Practices will be notified of arrangements for reporting and a reporting template will be issued in due course.

The information included in expenditure reports must include as a minimum:

- The date the expenditure was incurred;
- The value of the expenditure, excluding any VAT that is recoverable by the GP Contractor(s);
- The VAT amount, if not recoverable by the GP Contractor;
- A description of the expenditure, including durations and quantities, if applicable;
- The reasons why the costs are additional to business-as-usual expenditure and are appropriate;
- Confirmation that the costs are not recoverable by other means.

## Annex B – Further guidance on allowable expenses

Cost group	Cost type	Description/guidance
GP partner costs	Additional sessions to meet demand	<p>Additional sessions provided by GP partners above their normal sessional commitment as per their partnership agreement, where required to meet additional workload pressures on the practice generally. The applied pay per partner, should be £290 per session (this includes on-costs).</p> <p>Does not include locum cover for GP partner or employee sickness – see below. Does not include additional sessions for public holidays (this is covered by the public holiday payment). Does not include extra sessions for covering a practice GP that has been released to a hub where the hub sessions are paid for separately.</p>
	Additional internal or external locum cover GP partner sickness leave	<p>Additional costs associated with internal or external locum cover for GP partners on sickness leave.</p> <p>These expenses are not included as practices will be reimbursed for these expenses under Chapter 7 of the <a href="#">Statement of Financial Entitlement</a>.</p>
Medical/clinical staff costs	Additional sessions to meet demand	<p>Additional sessions provided by salaried medial/clinical staff above their normal sessional / or hourly commitment where required to meet additional pressures on the practice generally.</p> <p>Does not include locum cover for salaried GP sickness – see below. Does not include additional sessions for public holidays (this is covered by the public holiday payment). Does not include extra sessions for covering a practice GP that has been released to a hub where the hub sessions are paid for separately.</p>
	Additional internal or external cover for sickness leave	<p>Additional costs associated with internal or external cover for clinical staff who have to self-isolate or are on sickness leave (incl. locums for salaried GPs).</p>
	Sick Pay Entitlement – new staff	<p>New members of staff may not be entitled to the same level of sick pay as other practice employees depending on their contracts. In the event that any new members of staff require to take sick leave or isolation leave during the period of the pandemic, they should be allowed to the same level of sick pay as other practice employees. Any additional costs as a result of this can be claimed for this group of staff only.</p>

Administrative staff costs	Additional sessions to meet demand	Costs associated with administrative staff working additional hours to meet increased demands on the practice. For example, entering Key Information Summaries for vulnerable and high risk patients.
	Additional sessions to cover sickness absence of staff	Additional costs e.g. overtime costs associated with administrative staff covering sickness leave or self-isolation of other administrative staff. This must only be for additional hours worked.
	Additional sickness leave payments to new staff	New members of staff may not be entitled to the same level of sick pay as other practice employees depending on their contracts. In the event that any new members of staff require to take sick leave or isolation leave during the period of the pandemic, they should be allowed to the same level of sick pay as other practice employees. Any additional costs as a result of this can be claimed for this group of staff only.
Additional expenses (pre-approval required for expenses greater than £500)	Expenditure on additional equipment	E.g. telephony or remote working equipment headsets to allow staff to carry out telephone triage etc., additional phone lines to make it easier for patients to get through to practice Remote working IT should be funded by the Board.
	Additional indemnity costs	For practice-based work only. GPs or practice staff engaged by Health Boards for work in hub/assessment centres are covered by CNORIS.
	Other	Other Covid-related expenses incurred by the practice not otherwise mentioned.