

SOUTH STAFFORDSHIRE LOCAL MEDICAL COMMITTEE

Suite 2 Windsor House, Windsor Business Park, Trent Valley Road, Lichfield, WS13 6EU

Tel: 01543 897272 Fax: 01543 897580

Email: enquiry@sslmc.co.uk

Website: www.sslmc.co.uk

GP REIMBURSEMENT SCHEME 2026/27

The PCN CAIP and CASP funding from the previous years has now been transferred into the GP Reimbursement Scheme for 2026/27 contracts. There have been a lot of queries around this scheme, so we have managed to obtain information from the ICB and created this FAQ document for practices.

Funding & Future

Q: Will this become core Global Sum or remain an SFE payment?

As it stands, it will remain an SFE payment. It carries specific employment and activity rules. We have raised this directly with NHSE as well and the ICB have also not been provided with NHSE intentions on the funding from 27/28.

LMC advice is for practices to focus their plans for this scheme for 2026/27 only.

Budgets & Joint Employment

Q: Is the budget monthly or annual?

It is an annual allocation (£4.57 x your 1st January 2026 adjusted population) for the period 1st April 2026 - 31st March 2027. Monthly underspends can roll forward to offset overspends later. This allows practices to utilise their allocations to what best suits their needs.

Q: Can practices pool budgets to hire a GP jointly?

Yes. Practices within the same PCN can transfer their funding entitlements to each other under the scheme. In relation to how that works with claiming and CQRS local, a user guide for the GP reimbursement scheme will be available shortly. CQRS local user guides [CQRS Training - CSU Collaborative](#) are available for practices and commissioners.

Additionality & Baselines

Q: How do we prove additionality?

Through CQRS Local declarations, NWRS submissions, and ICB activity audits. The ICB will review workforce submission and activity data. However, we are aware that some GPs previously employed using CAP funding will move across to the GP Reimbursement Scheme so would not necessarily show in data. Practices are required to liaise with the ICB in advance where this situation occurs.

Q: What if we move a GP from CAP funding to this scheme?

Notify your ICB in advance. They will manually adjust your baseline, so you are not flagged for a lack of new data.

Q: Does the baseline start from 1st April 2026 or the claim date?

The benchmark period started 1 April 2026. However, ICBs will assess your data fluidly based on the actual date your new contract begins.

Sessions & Appointments

Q: What is the duration of an "additional session"?

It must match your practice's standard session length (typically 4 hours 10 minutes).

Q: Is admin time allowed during additional sessions?

Yes, you can structure the session normally. Proportionate admin slots are allowed to process letters, bloods, tasks and referrals.

Q: Is there a minimum number of appointments per session?

No, there is no national minimum. However, the majority of slots must be reserved for urgent, on-the-day care reflecting what you would normally allocate to an on the day appointment.

LMC advice is to utilise a standard session format within a practice for these additional sessions.

Staffing Eligibility

Q: Can we use standard or ad-hoc locums?

No, ad-hoc locum agreements are not allowed. The GP must hold a formal salaried contract for those specific sessions.

Q: Can existing Partners claim for additional sessions?

Yes, if they meet three strict criteria:

- They hold a distinct salaried contract for the extra sessions.
- They have not been a salaried GP at the practice in the last 12 months.
- The sessions are wholly additional to their partner equity duties.

LMC advice is to obtain formal contractual, partnership and HR guidance around this prior to starting provision by existing partners.

Q: Can an ARRS GP move over to this scheme?

A GP who has previously been funded through ARRS could be eligible for the GP Reimbursement Scheme, as long as they meet the scheme criteria. The eligibility criteria includes the requirement that the GP has not been employed as a salaried GP by the practice claiming the reimbursement in the previous 12 months. This would include if they were employed by the practice on behalf of

the PCN via the ARRS. The GP could have been employed by another practice within the PCN, or by the PCN itself. In this scenario, they would be eligible for reimbursement under the practice level scheme. The practice level GP Reimbursement Scheme is additional to the PCN level ARRS. GPs can continue to be employed via the ARRS.

Evidence & Providers

Q: What evidence must we provide to claim?

The ICB will have to make local arrangements for assurance of evidence regarding the eligibility criteria set out in the supplementary information to support changes to the 2026/27 GP contract and the relevant CQRS local user guide.

Q: Can we use external digital providers (e.g., Livi)?

No, funding is strictly restricted to salaried GP employment contracts. Corporate outsourcing is not reimbursed. Please contact the ICB for specific queries.

There is further information available on the following link with regards to maximum reimbursable amounts and criteria [NHS England » Supplementary information to support changes to the 2026/27 GP contract](#)

Please contact the ICB or the LMC for any further information around this scheme