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**To:** GP practices and their commissioners

4 August 2020

Dear colleagues,

## **COVID-19 support fund for general practice**

As you will know, the Government has previously described the intention to create a COVID-19 support fund (CSF) to assist with the legitimate additional costs of the response borne by GP practices. We are now able to confirm further details of this.

From the date of this letter, additional government funding will be available for practices to submit claims to their CCG (if that has not yet already taken place by local agreement) in relation to specific and net additional costs incurred for Bank Holiday opening over Easter and on 8 May.

Practices will also be able to claim for the additional costs incurred in delivering additional services to care homes, pursuant to our [letter of 1 May](#). We remain grateful for the extra efforts GPs made to support residents. Further guidance on the claims process and eligible costs are appended. Care home costs will continue to be claimable under these arrangements until the end of September 2020.

We previously advised that during the initial peak, practices should offer full pay to any staff taking COVID-19 related sick leave or staff who are shielding because they are at highest clinical risk from COVID-19 or have completed a risk assessment and been advised not to deliver face to face care and are unable to work remotely. We can confirm that where it was required to maintain necessary clinical capacity and staff could not work at home, the cost of clinical and non-clinical cover will be reimbursed under the terms set out in the accompanying guidance, where practices have offered full pay to staff absent for COVID-19 related reasons. This will apply from 23 March to 31 July 2020.

From 1 August 2020, the usual contractual and legal position will again apply. Where practices have unavoidably required additional clinical and non-clinical capacity as a

result of COVID-19, and where this is agreed by the commissioner, this will also be reimbursed.

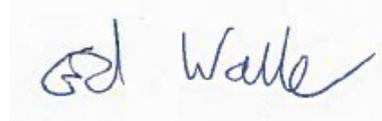
The appended guidance also confirms how practices will be reimbursed for other additional net and reasonable costs incurred, including COVID-19 related consumables.

Thank you again for your ongoing work.



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## **Annex A: Guidance on claiming reimbursement for COVID-19 related costs**

1. This annex sets out guidance on claiming reimbursement for:
  - Specific and net additional costs incurred for **bank holiday opening** across Easter and on 8 May 2020.
  - Additional net costs incurred in delivering additional services to **care homes**, pursuant to our [letter of 1 May](#). This arrangement is in place from 1 May until 30 September 2020.
  - **COVID-19 related absence cover** from day one of absence, where it was required to maintain necessary clinical and non-clinical capacity, staff could not work from home, and the individual received full pay. This will apply from 23 March to 31 July 2020.
  - **Additional capacity** which has been required between 23 March – 31 July 2020 where supported by the commissioner.
  - Costs incurred as a result of purchasing other **consumables** required as a result of COVID-19.
2. DHSC will be providing funding to cover costs of PPE that practices have had to incur and will communicate further detail about this soon.
3. Reimbursement can be accessed by general medical services (GMS), primary medical services (PMS) and alternative provider medical services (APMS) contract holders with a registered patient list.
4. All payments made under this mechanism will be made to GP practices under Section 96 of the NHS Act 2006 (as amended) “Assistance and support: Primary Medical Services”, on the terms set out in this letter. This funding is not part of the income protection arrangements for practices detailed in our letter dated 9 July 2020<sup>1</sup>, but is additional funding which will be paid under Section 96. This means that the mechanism should only be used where additional costs are not offset by the provisions made under the income protection scheme for general practice.
5. The mechanism can be accessed in accordance with the requirements set out in this guidance. Local commissioners (normally CCGs) will manage the claims process, in line with the arrangements set out in this letter. It will run as per the timescales set out in this letter, unless we amend this period through further announcement.

### **What is covered by the mechanism?**

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<sup>1</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0569-Second-phase-of-General-Practice-response-to-COVID-19--update-to-GP-contracts-and-income-protection-a.pdf>

**Additional funding to deliver extra support for care homes (from 1 May until 30 September)**

6. Practices will be able to claim for the additional costs incurred in delivering additional services to care homes, pursuant to our letter of 1 May – available [here](#).
7. Commissioners will be provided with a fixed funding envelope to support practices with additional costs incurred to deliver extra support for care homes. This will cover the period from 1 May – 30 September 2020.
8. It is not expected that all practices will need to seek additional funding. As a first step, practices should deploy flexibly where possible existing practice resources to support the delivery of this service.
9. Where additional capacity is needed, commissioners should work with their practices to determine how to secure this in a way which is appropriate for their circumstances. For example, this might be through commissioning a local scheme or through practices submitting claims for reimbursement for additional capacity.
10. Practices should discuss with their local commissioner if they wish to be reimbursed for non-staffing related costs.

**Bank holiday opening**

11. To support the response to COVID-19, changes to GP contract regulations meant that Friday 10 April (Good Friday), Monday 13 April (Easter Monday) and 8 May 2020 were normal working days for many practices, as they were for the whole NHS.
12. Practices were advised that, subject to commissioner approval, they could seek reimbursement for the staffing costs incurred on these days in line with the respective rates of pay as set out in paragraph 22 (these were also circulated in the [8 April COVID-19 primary care bulletin](#)). Reimbursement of locum GPs for bank holidays will be at the Out of Hours (OOH) rate set out below.
13. Practices will be able to seek approval to claim reimbursement for non-staffing related costs incurred as a result of bank holiday opening. This may include net additional facilities management charges such as cleaning and utilities.

**Backfill for COVID-19 related absences between 23 March – 31 July**

14. Practices will be able to seek approval from their commissioner for reimbursement for retrospective backfill costs for COVID-19 related absences between 23 March and 31 July 2020 (eg, COVID-19 related sickness absences

or absences as a result of staff shielding where staff were not able to work remotely), where:

- It was necessary to secure backfill to maintain capacity and it has not been possible to cover the absence from existing capacity across the practice or wider system, eg across the Primary Care Network (PCN).
- Practices are paying or have paid employees full pay, irrespective of the terms of their contract of employment.

15. Where commissioner approval is given:

- Backfill for GP absence as a result of COVID-19 can be claimed from day one to day fourteen of absence, in line with the rates set out below. After two weeks, any ongoing claims will need to be made under the Statement of Financial Entitlement provisions.<sup>2</sup>
- Backfill for non-GP practice-based staff related absence as a result of COVID-19 can be claimed from day one of absence in line with the rates set out below, for the length of the absence (up until end of July).

16. The rates that can be claimed are set out in paragraph 22.

17. From 1 August 2020, the usual contractual and legal position will again apply.

### **Additional capacity required between 23 March – 31 July**

18. Where a practice has required additional capacity over and above usual levels during the COVID-19 outbreak and it has been supported by the CCG the practice can seek reimbursement for the additional staffing costs incurred. If commissioner approval is given for the additional capacity, this will be reimbursed in line with the rates set out in paragraph 22. This funding is not available after 31 July, unless covered by the Care Homes provision until end of September.

### **Other COVID-19 related consumables**

19. DHSC will be providing funding to cover costs of PPE that practices have had to incur and will communicate further detail about this soon.

20. Reimbursement may also be sought for other net additional costs incurred as a result of COVID-19 requirements, including the costs of minor physical adjustments to buildings (eg Perspex screens and barriers), additional cleaning materials, and additional clinical equipment (eg pulse oximeters and

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<sup>2</sup> The arrangements outlined above do not impact on existing locum cover in place for parental leave or non-COVID related sickness absence. Reimbursement for cover under these circumstances would continue to be made in line with the provisions set out in the Statement of Financial Entitlements. Existing arrangements set out in the Statement of Financial Entitlements, and the more detailed locum protocol within the Primary Medical Care Policy & Guidance Manual will not be affected and no duplicate claims must be made.

thermometers). Where a practice has incurred additional net costs not covered by this list, they should discuss this with their commissioner. Commissioners should contact their region for advice on claims out-with this list.

21. This arrangement will cover the period from 1 March–31 July.

### **Rates of reimbursement for staffing costs**

22. The following sets out reimbursement rates for staffing costs – if approved by the local commissioner:

- i. *GP partners*  
Partners can claim a maximum of two additional sessions per week (Monday-Sunday) up to a maximum of £289 per 4-hour session, plus applicable employer National Insurance and pension costs. This reimbursement rate is based on average partner earnings.
- ii. *Salaried GPs – permanent contracts of employment*  
Practices can seek reimbursement for backfill to cover COVID-19 related absences or additional capacity in line with the individual's contractual hourly and overtime rates as paid to them in the February 2020 payroll, plus applicable employer National Insurance and pensions costs. To claim at this rate, the individual must be employed on a permanent basis and their contract must have been in place before 1 March 2020. The commissioner may ask for evidence of the existing contractual arrangements, for example evidence from the February 2020 payroll.
- iii. *Salaried GPs – temporary contracts of employment*  
Practices may wish to temporarily engage additional salaried GPs at this current time. If approved by the local commissioners, practices may claim reimbursement for backfill to cover COVID-19 related absences or additional capacity at the rates of £200 a session (£400 per day); or £250 per session for OOHs (plus applicable employer National Insurance and pensions costs only). The commissioner may ask for evidence of hours worked.
- iv. *Locum GPs*  
Practices may seek reimbursement for backfill to cover COVID-19 related absences or additional capacity needs of £200 a session (£400 per day); or £250 per session for OOHs eg, bank holidays (plus applicable employer National Insurance and pensions costs only).
- v. *Other practice staff members of the workforce*  
Practices can seek reimbursement for additional capacity from existing practice staff members or from temporary staff members for backfill to cover COVID-19 related absences or additional capacity needs – if it is not possible to meet resource needs through existing resources within the PCN and local health economy. If approved, claims for existing practice staff would be

reimbursed at current rates of pay only under their contractual arrangements. We would expect claims for temporary staff members to be in line with the practices' existing contractual rates of pay for the role. Practices may be required to provide evidence to support claims.

23. Reimbursement claims relating to PCN staff members employed through the Network Contract DES Additional Roles Reimbursement Scheme are not eligible under this funding. Absence cover arrangements under the Additional Roles Reimbursement Scheme are set out in the [Network Contract DES FAQs](#). The Additional Roles Reimbursement Scheme funding or PCN Support Funding through the Network Contract DES provides a source of funding for PCNs to meet additional capacity related costs.

## The claims process

### Action required by practices

24. Local commissioners need to approve claims for additional funding.

25. **The declaration form included at Annex B must be submitted with all claims.**

26. For:

- **Bank holidays:** practices will have agreed with their commissioner at the time the level of service provided. Where claims have not yet already been made for costs incurred on Good Friday, Easter Monday, and 8 May in line with the agreement reached, these should be submitted to commissioners, along with any associated evidence or invoices.
- **Additional capacity eg to support care homes activity:** if a practice requires additional capacity to support delivery of extra support for care homes, or has required additional capacity for other purposes since 23 March which the CCG has approved, they must provide the following information to their commissioner as part of their claim:
  - the hours of locum/sessional capacity engaged by the practice during January and February 2020 (but if there has been abnormally high usage in these months, a practice can agree with their commissioner to declare earlier months' usage eg October and November 2019 where this is a more in line with the practice's typical locum levels)
  - confirmation that an equivalent level of capacity has been maintained by the practice.

- **Backfill costs for COVID-19 related absences:** retrospective claims for backfill for GPs and practice staff between the period 23 March until 31 July which have not yet been reimbursed can be submitted to the commissioner for approval, along with any associated evidence or invoices.
- **Other consumables required as a result of COVID-19:** invoices/evidence of spend for necessary consumables required as a result of COVID-19 must be provided with claims.

27. Claims must be in line with the guidance as set out in this document to be approved. In all cases claims should only be made for unavoidable additional costs, taking account of offsetting savings and cost avoided.

28. Practices should submit actual claims within six weeks of the date of this letter.

#### Action required by commissioners

29. Commissioners should aim to promptly process actual claims in line with usual processes. Details of the account codes will be provided in the financial reporting guidance for commissioners.

#### Post-payment verification (PPV)

30. Commissioners will be asked to undertake a PPV process and review a sample of practice claims through this mechanism (including seeking evidence to support the declarations for care homes activity around pre COVID-19 capacity and how this has been maintained by practices). If this process identifies high levels of claims outside the guidance, the number of practices reviewed will be expanded. Further guidance on the PPV process will be provided to commissioners in due course.

31. Commissioners may require an appropriate portion of claims to be repaid – or set off against practice global sum or such other monies due under the GP contract – if funding was outside the terms of this guidance. Commissioners should consider any exceptional circumstances in making these judgements. In accessing support, practices agree to this process.

**Annex B: Practice declaration for reimbursement claims**

I declare that the reimbursement claims relating to reimbursement for:

- costs relating to backfill for COVID-19 absences
- bank holidays
- additional costs to support care homes
- additional capacity
- consumables required as a result of COVID-19.

for which approval is sought, along with the invoices (and timesheets where appropriate) which are subsequently submitted to the commissioner, are due to additional net costs incurred by the practice and are in line with national rules outlined in guidance.

I agree that the practice will provide any and all evidence to support claims if required as part of the Post Payment Verification (PPV) process, including evidence of pre COVID-19 locum capacity (January and February 2020), to the CCG or NHS England and NHS Improvement as part of the PPV process or investigation as required. I agree that the CCG may require an appropriate portion of claims to be repaid – or may set off against practice global sum or such other monies due under the GP contract – if funding was outside the terms of this guidance or it is considered by the CCG or NHS England and NHS Improvement that there were inaccuracies or inconsistencies in the claim.

I declare that the information given on this form is correct and complete. I understand that if I withhold information or provide false or misleading information, disciplinary action may be taken against me and I may be liable to prosecution and or civil proceedings. I understand that my personal data will be processed, and the relevant controller is NHS England and NHS Improvement. I can find out more about my rights at: <https://www.england.nhs.uk/contact-us/privacy-notice/>, or by contacting 0300 311 22 33.

<b>Name of individual making the declaration</b>	
<b>Job title/role within the practice (must be contract holder)</b>	
<b><u>Signature</u></b> <i>In signing this, you are confirming that you as a contract holder you are signing for and on behalf of the practice and that you have authority to make the declaration on behalf of the practice</i>	
<b><u>Date of declaration</u></b>	