**Additional Capacity**

**2022/23 Guidance**

**Background**

Last financial year, £2m was made available to support additional capacity within GMS over the winter period. The funds were allocated to Health Boards to enable 100% reimbursement of the total costs (salary / sessional fee & on-costs) of either additional posts upon appointment or additional hours worked by existing post holders.

**2022/23 Scheme**

From 1 April 2022, capacity funding of £4m will be made available recurrently for three years, accessible to practices via Health Boards.

* This scheme from April 2022, will facilitate match funding of up to 50% of the cost of either additional posts upon appointment (including those in post from December 2021 under the 2021/22 scheme) or additional hours worked by existing post-holders, enabling GP practices to take on additional administrative and clinical resource.
* This money will be available to **all** practices based on evidence of additional hours worked at the practice.
* There are no pre-determined staffing ratios or other eligibility criteria

**Eligibility and process**

* WNWRS will be utilised to evidence the baseline of workforce via clinical sessions, admin support or a mixed economy of both
* Additionality will be defined by the established core sessions / hours provided on WNWRS at the beginning of the quarter.
* Practices should continue with existing arrangements for cover for annual leave. This scheme does not permit practices to agree additional annual leave for staff or partners and then claim cover for those sessions / hours.
* Cover for sickness or other parental leave should not be claimed through this scheme as they can be claimed through other processes.
* Practices will be provided with an indicative allocation - pro rata according to list size per practice per HB
* Practices to provide HB with a simple indicative narrative proposal statement as to how they intend to use their quantum
* A claims process for retrospective reimbursement, which would require receipt or evidence of payment (50% reimbursement)
* A mechanism for recycling unallocated funds to practices will be established, which will necessitate an in year quarterly review.

*Claim form is attached at Annex A – Health Boards to include any necessary local contact details.*

**Annex A – Claim Form**

Forms can be submitted monthly but must be submitted on a quarterly basis as a minimum.

Practices are required to provide confirmation of full (100%) costs in the table below. Where appropriate (e.g. use of locums), invoices will need to be submitted to support the additional sessions to evidence that the funding has been spent, prior to 50% reimbursement of the agreed costs. Copies of the payroll may be requested.

|  |  |
| --- | --- |
| **Practice Name** |  |
| **W Code** |  |
| **Senior partner** |  |
| **Practice Address** |  |
| **Email Address** |  |
| **Telephone Number** |  |
| **List Size @ 1st January 2022** |  |
| **Additional Staff Resource – Detail of additional posts/hours worked :** |
| **Name of individual** | **Existing employee working additional hours / sessions , new employee or locum** | **Date worked** | **Hours/session worked** | **Total cost** |
|  | **E / N / L** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Totals |  |  |  |  |
| TOTAL CLAIMED (50%) |  |  |  |  |

***PRACTICE DECLARATIONS***

* I/we confirm that we have read and understand the requirements of the additional capacity funding as outlined in the 2022/23 guidance.
* I/we confirm that the above claim meets the requirements of the 2022/23 guidance
* I/we confirm that the information provided in this application form is accurate
* I/we confirm that the above claim relates to additional hours / sessions worked by individuals which were not in place before 1st December 2021
* I/we confirm that the above hours have not been claimed through any other scheme or service payment e.g. Enhanced service / PCCS:I
* I/we confirm that I/we will identify the additional clinical sessions being claimed and will submit appropriate records such as invoices to the Health Board where required

**Authorised signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print & sign on behalf of the practice)

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***HEALTH BOARD OFFICE USE***

Approved/Not approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Core Establishment Verified via WNWRS: YES / NO

Comments: