

Core Funding Increase for Workforce Capacity - Guidance for General Practice

Annex B

Practice Intentions to Expand the Workforce

Section 1: Context

1. As set out in the main body of this [guidance](#), in 2026/27 Scottish Government is making an additional £50m funding available to practices to expand the workforce. This is provided in two tranches. The majority of the funding will be allocated as tranche 1 (£35m) at the start of the financial year and paid monthly, with tranche 2 (£15m), also paid monthly, and allocated provided practices have achieved their tranche 1 intentions to expand the workforce by 30 September 2026.
2. This Annex sets out guidance on the approach to verifying these intentions to ensure they are commensurate with the allocation made to each practice.

Section 2: Verification of Practice Intentions

3. As a part of the reporting requirements set out in **Paragraphs 7-11 of Annex A** practices must set out their intentions to expand the workforce within the Workforce Data App for both tranche 1 and tranche 2 allocations separately. This requires practices to set out the intended increases in staffing capacity by WTE in either GP sessions or hours for other staff groups, including the associated costs for the year. It also includes intentions to convert Salaried GP post to a GP Partner post or other similar changes to their workforce team using the new funding.
4. Boards will use their own intelligence on the local costs of staff to verify practice level intentions and provide assurance to the Scottish Government that these intentions are broadly in line with local market rates. The approach is designed to be low burden to both the Board and the practice.
5. Public Services Delivery Scotland (PSDS) will provide Boards with a quarterly dashboard which sets out each practice's intentions to expand or change the shape of the workforce using tranche 1 and tranche 2 funding. This will clearly set out the proposed and actual increases / changes in WTE by staff group, along with the costs for the year. The dashboard will also include each practice's ongoing progress to deliver on these intentions through the course of the year.
6. Boards should use the information in this dashboard to determine whether each practice's intentions for tranche 1 and tranche 2 are broadly commensurate with the total allocation. This means that Boards are looking to identify whether the increases to GP sessions / staff hours are largely proportionate to the level of funding allocated. Boards should use their own understanding of the cost of these staff, given their understanding of the general practice workforce, similar staffing costs and local market rates. As a result, practices need to ensure that the information provided in the workforce survey returns is accurate and reflects the expansion of the workforce and actual costs of additional staff / WTE capacity.

7. It is important to note that Practices set the pay, terms and conditions of their staff and, as a result, this information should act as a guide to Boards as to actual costs. The following information will be helpful to practices when setting out their intentions and for Boards when carrying out their verification of these intentions.
8. The BMA [Salaried GP pay range](#) was established in 2004 with the model contract, and each year is uplifted by the DDRB recommendation. The table below sets out the total cost including salary, national insurance (15% of salary) and superannuation (22.5% of salary) for Salaried GPs as a range using rounded figures. (Note - this does not include the DDRB recommendation for 2026/27.)

	<i>Annual cost</i>	<i>Annual cost of a Salaried GP session</i>
<i>Salaried GP costs</i>	£106,100 - £158,400	£13,300 - £19,800

The total cost of a Partner GP

9. Scottish Government is providing the new workforce funding to increase general practice capacity and there is clear and unequivocal agreement between Scottish Government and the BMA that this funding cannot be used to increase GP pay. It is understood that there is variation in GP Partner costs across practices based on practice drawings. It is essential to ensure there is some level of consistency in the funding passed from the new Workforce Funding to practice drawings to fund additional Partner GP capacity.
10. **As a result, practices must ensure that the contribution from the Workforce Funding (tranche 1/ tranche 2) to additional WTE GP Partners should not exceed £269,670 per WTE GP or a session cost of £33,710¹.** If GP Partner costs (pay and superannuation) exceed this cost, *practices should identify the further funding required to increase GP Partner capacity from other sources.* Boards should ensure that this is case through the verification of practice intentions.
11. The same approach should apply if practices intend to convert a Salaried GP post to a GP Partner post and the increased costs should not exceed £137,420 per WTE GP or £17,180 per session per annum,² and if additional funding is required it should be found from other sources.
12. To calculate the cost GP Partner session, practices should:
 - Identify the total share of net income for GP Partners in 2024/25.
 - Divide it by the total weekly number of GP Partner sessions
 - Increase this figure by 4% to reflect the GP pay award for 2025/26 and by 14.9% to include superannuation.

¹ [NHS digital 2023/24](#), provides GP Partner income costs. Overall costs can be calculated by applying DDRB uplifts and superannuation and adjusting for WTE.

² This figure is the difference between the midpoint of the salary range for a Salaried GP (with oncosts) and the maximum contribution from the Workforce Funding for a GP Partner as set out in paragraph 10.

13. A national estimate on the cost of locums is not provided due to the variation in locum costs across Board areas.

Information on the cost of clinical and administrative roles

14. The table below sets out the costs of Agenda for Change Band staff. The total cost includes salary, national insurance (15% of salary) and superannuation (22.5% of salary) with figures rounded. This may act as a guide for Boards and practices as to the cost of these staff.

AfC Band	Annual cost - WTE	Annual cost per hour per week (based on 36 hour week)
1	£35,000 – £36,000	£970 – £1,000
2	£35,000 – £40,000	£970 – £1,110
3	£39,000 – £43,000	£1,080 – £1,190
4	£42,000 – £47,000	£1,170 – £1,310
5	£46,000 – £59,000	£1,280 – £1,640
6	£58,000 – £72,000	£1,610 – £2,000
7	£71,000 – £84,000	£1,970 – £2,330
8a	£88,000 – £96,000	£2,440 – £2,670
8b	£104,000 – £113,000	£2,890 – £3,140

Section 3: Liaison between Boards and Practices

15. If Boards are content that the practice's intentions are broadly commensurate with the level of funding allocated, they should **confirm this in writing with the practice**.
16. As noted the costings set out in paragraphs 8-14 provide Boards and practices with a guide on the cost of staff. If Boards are concerned that the costs of the practice's intentions are not broadly in line with the costs set out above, they should take the following action:
- I. Liaise with the practice to ensure that the intentions are accurately reported in the Workforce Survey App return.
 - II. Seek clarity on the role of posts and where needed request further evidence from the practice which demonstrates the cost of the proposed changes to the workforce. This should include:
 - Current pay roll costs
 - Salary scales referenced in job descriptions/adverts
17. In any such situations, the provision of this information will be required from practices, for Boards to be able to verify that the costs of staff are broadly commensurate with the level of the allocation.
18. Where needed the practice may resubmit their return against the Workforce Survey Data App and for the dashboard to be updated. Practices should do this in liaison with PSDS. PSDS will be in contact with Boards and practices to inform them of the timescales for any changes to intentions for that quarter.
19. It is intended that Boards and practices work together collaboratively to achieve a position which is acceptable to both parties. If this is not possible they should

refer to **Section 6 of the Core Funding Increase for Workforce Capacity - Guidance for General Practice** which sets out the approach to resolution.

20. It is recognised that practices' tranche 1 and tranche 2 intentions may change over the course of the year to respond to local need, business circumstances or other developments. Practices should make changes to their intentions in their Workforce Survey quarterly return as required.
21. If a practice does make changes to their intentions, this will be indicated in the dashboard provided to Boards by PSDS. Boards will also be required to verify these changes to ensure the intended changes to capacity remain broadly commensurate with the allocation made to the practice.
22. In very specific localities, Boards may apply extenuating circumstances when verifying intentions for smaller practices in more rural areas. These are areas where it is recognised that recruitment can be more challenging and access to locums can be more limited. These practices may need to accumulate part of the new funds within year 1 in order to recruit to / increase the capacity of substantive GP or other clinical/nonclinical posts. Boards should provide this flexibility where practices receive less than £20,000 tranche 1 funding and are situated in areas categorised as classes 4-8 using the Scottish Government's 8-fold rural / urban classification³.
23. In these situations, practices should set out their intentions for tranche 1 for the year and proactively contact the local Health Board Lead after they have completed the 2025/26 Workforce Survey return (during the May June window) to inform them that their intention is to increase capacity for tranche 1 after 30 September 2026, setting out the timeframes for this expansion.
24. These practices would be expected to achieve tranche 1 and 2 intentions by the end of 2026/27 to release tranche 2 in future years. Scottish Government will provide further information to Boards and practices about which practices are eligible.

Section 4: Scenarios

25. The following scenarios may be helpful to Boards and practices in considering whether intentions are commensurate with the level of spend.

Scenario 1

A practice intends to convert a Salaried GP to a Partner GP post. This does not result in increased clinical capacity but is a cost identified against the workforce funding.

Outcome: Boards will be able to identify this within the dashboards and will not anticipate an increase to practice workforce capacity.

Scenario 2

A practice intends to temporarily boost ANP capacity while recruiting to a GP post.

³ [Scottish Government Urban Rural Classification 2022 - gov.scot](https://www.gov.scot/publications/urban-rural-classification-2022/pages/11.aspx)

Outcome: Practices should report the intention to expand ANP capacity only initially. Once the GP is recruited practices should change their intentions to reflect that the intention / additional funding is being used for a GP post.

Core Funding Increase for Workforce Capacity - Guidance for General Practice

Annex C

Release of Tranche 2 Funding

Section 1: Context

1. As set out in the main body of this [guidance](#), in 2026/27 Scottish Government is making an additional £50m funding available to practices to expand the workforce. This will be provided in two tranches. The majority of the funding will be allocated as tranche 1 (£35m) at the start of the financial year and paid monthly, with tranche 2 (£15m) also paid monthly, and allocated provided practices have achieved their tranche 1 intentions to expand the workforce by the 30 September 2026.
2. This Annex sets out guidance on the approach to the release of tranche 2 funding.

Section 2: Verifying the release of tranche 2 in 2026/27

3. As a part of the reporting requirements set out in **Paragraphs 7-11 of Annex A**, practices must set out their intentions to expand or change the shape of the workforce within the General Practice Workforce Data App for both tranche 1 and tranche 2 funding separately. This reporting includes the intended increases in staffing capacity by WTE (sessions or hours) by staff group, along with the costs for the year.
4. Practices must achieve their intentions for tranche 1 by 30 September 2026 to receive tranche 2. Health Boards' role is to verify whether practice intentions for tranche 1 have been achieved. Practices should note that they need to maintain their baseline clinical capacity as set on 31 March 2026 through the Workforce Survey return for 2025/6, alongside increasing capacity in line with their tranche 1 intentions, in order to receive tranche 2 funding.
5. To support Boards with this work, Public Services Delivery Scotland (PSDS) will provide Boards with a dashboard which sets out the following for each practice:
 - Intentions to expand the workforce, set out by WTE by staff group and costs
 - Quarterly progress in expanding the workforce by staff group
6. The dashboard will set out progress cumulatively from the beginning of the financial year 2026/27. The baseline for each practice's workforce capacity will be set as of 31 March 2026, using the 2025/26 Workforce Survey return.
7. Practices which have achieved their tranche 1 intentions, are those which report that they have expanded the WTE equivalent and/or completed changes to the team such as converting a Salaried GP post into a Partner GP post, in line with their intentions, by 30 September 2026; as well as maintaining their baseline clinical capacity as set on 31 March 2026 in the 2025/6 workforce survey return.

Section 3: Liaison between Boards and Practices

8. If practices achieve their tranche 1 intentions, they will receive their tranche 2 allocation. In these circumstances Boards should take the following action:

- Liaise with the practice and **confirm in writing** that they have achieved their intentions and that they will receive tranche 2 funding in line with the timeframes set out in **Annex A Section 6** of the **Core Funding Increase for Workforce Capacity Guidance for General Practice**.
9. If practices do not achieve their intentions Boards should take the following action:
- Liaise with the practice to ensure that they have reported their workforce intentions and capacity accurately with the Workforce Survey Data App. PSDS will be in contact with Boards and practices to inform them of the timescales for any changes to intentions or other parts of the workforce survey return for that quarter.
 - Inform the practice of the decision not to release tranche 2 at this stage.
10. If practices are not eligible to receive the tranche 2 payment at the quarter 2 verification point, they do have the potential to activate this payment in 2027/28, provided they have met their tranche 1 intentions by the end of quarter 4 2026/27. In this situation the tranche 2 payment would not be backdated to cover 2026/27. Heath Boards should use the same approach to verifying the release of tranche 2 at this point, as set out in paragraph 8 above.

Section 4: Scenarios

11. The following scenarios may be helpful to Boards in verifying whether tranche 1 intentions are met.

Scenario 1

The practice has not achieved their intentions as reported in the Dashboard but inform the Board that they have recruited, but the staff member has not yet started.

Outcome: Tranche 2 should not be allocated as intentions have not been met. (See scenario 1 in Annex B which sets out how practices can report shorter term intentions while they seek to recruit or fill posts in the longer term). For those practices which do not receive tranche 2 funding, Boards will carry out a further verification of progress against tranche 1 intentions at the end of quarter 4 2026/27. Provided tranche 1 intentions are achieved at this point tranche 2 will be released in 2027/28.

Scenario 2

A practice achieves their intentions to expand the workforce by 30 September, but other staff members leave / reduce their capacity affecting the practice's baseline staffing capacity.

Outcome: Tranche 2 should be allocated provided tranche 1 intentions have been met and clinical capacity has been maintained from the baseline taken from 31 March 2026 (i.e. this clinical capacity has not been reduced). If clinical capacity has reduced against the 31 March 2026 baseline then tranche 2 should not be allocated.