For Action
Chief Executives NHS Boards
General Medical Practitioners

For Information
NHS National Services Scotland

23 September 2025

General Practices – additional £15m Workforce Payment – 2025-26

1. I write to confirm the details for an additional Workforce Payment for the financial year 2025-26. This payment is being made on a recurring basis to provide ongoing support to Practices for workforce retention and recruitment to boost capacity within General Practice.

2. Scottish Government has announced £15 million for this payment in 2025-26 and it will be distributed to practices proportionately on the basis of Scottish Workload Formula and Income and Expenses Guarantee payments. This funding will be allocated to NHS boards in due course.

3. This additional funding has been allocated in 2025-26 following discussions with the sector about the sustainability of General Practice and the need to recruit and retain staff. It is important that clear and proportionate monitoring arrangements are put in place to identify the impact of this additional funding on the capacity of the General Practice workforce. This approach has been agreed with the Scottish General Practitioners Committee and will be used to support ongoing discussions about future General Practice policy.

4. General Practices will be required to complete and return all requirements within the following as a condition of funding in future years:

   a) A record of their intentions to make use of this funding, by completing this form: General Practice Workforce Payment: GP Declaration Form 2025-26 by **12 October 2025.**

   b) A record of the actual use of this funding, by completing this form: General Practice Workforce Payment - End of Year return by **22 April 2026**. Please note that this link will not be live until 12 March 2026.

   c) The General Practice Workforce Data App linked to the General Practice Workforce Survey for the periods:
      - 1 April 2025 - 31 August 2025 by **31 October 2025.** Submissions received by Friday 3 October will result in payment during October, with submissions after this date leading to payment in November.
      - 1 April 2025 - 31 March 2026 **by 30 April 2026.**

5. Boards are required to oversee completion of these returns. Aggregated Board level data will be provided to Health Boards using these returns.

6. The forthcoming General Medical Services Statement of Financial Entitlements (SFE) 2025-26 will have terms to this effect.

7. An letter setting out allocations to Boards will follow in due course.

8. Arrangements for this funding in future years will be communicated by the end of the financial year but there will remain a commitment to continue to provide returns on the GP Workforce Data App.

Actions

9. NHS Boards are requested to ensure that their GP contractors are aware of this letter and the actions required of them as a condition of funding.

10. Practices should note the conditions for receiving this funding in future years and are encouraged to see the relevant chapter of the SFE when issued.

Yours sincerely

Susan Gallacher
Deputy Director General Practice Policy

PCA(M)(2025)03

Directorate of Primary Care
General Practice Policy Division

The Scottish Government
Riaghaltas na h-Alba

Chief Executives NHS Boards
Directors of Finance NHS Boards
GP Practices

1 July 2025

Dear Colleagues,

GMS uplift 2025-26

1. I write to confirm the details of the uplift being applied to the GMS contract for the financial year 2025-26. The PMS allocation letter will follow in due course.

2. Having given very careful consideration to the recommendations of the Review Body on Doctors' and Dentists' Remuneration (DDRB) to uplift GP earnings by 4%, the Scottish Ministers have decided to apply an increase of £39.6 million to the GP contract. The uplift reflects wider AfC uplifts and inflation for non-staff expenses.

3. The uplift will be applied proportionately to the Global Sum and to Income and Expenses Guarantee payments. Income & Expenses Guarantee payment uplifts (4.5%) will be paid as a straight increase to all receiving practices with no recycling.

4. There will also be an increase of £6.4 million to the Global Sum to account for population growth in 2025-26.

5. The Global Sum is now £882.9 million[1]. Payments to practices will be backdated to 1 April 2025.

6. The Scottish Government would advise all practices to apply the AfC uplift of 4.25% to non-GP staff groups unless there are extenuating circumstances, for example staff have received pay uplifts greater than the AfC uplifts since April 2025.

[1]The exact amount of the Global Sum is £882,898,830.

Action

7. I would be grateful if this is brought to the attention of GP practices.

Yours sincerely,

Susan Gallacher
Deputy Director, General Practice Policy Division, Scottish Government

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NHS Board Directors of Finance

1 October 2025

Dear Colleague

PRIMARY MEDICAL SERVICES (REVENUE) ALLOCATION 2025-26

Introduction

1. This letter notifies NHS Boards of their Primary Medical Services Allocation for 2025-26. It funds delivery of primary medical services by Health Boards under their powers as set out in the National Health Service (Scotland) Act 1978 (as amended) as follows:

    - General Medical Services (GMS) contracts under Section 17J;
    - Section 17C arrangements;
    - Health Board Direct Provision under Section 2C, and;
    - Primary Medical Services contracts under Section 2C.

2. This includes allocations for the Global Sum and Income & Expenses Guarantees as well as GP premises (revenue and capital), the Primary Medical Services Bundle and other enhanced services funding, parental and sickness leave, occupational health, practice quality leads, the recruitment and retention fund, the rural general practice package, protected time activities, data protection, oxygen, support for GP Sub-Committees, and the wider Board Allocated Funds.

3. The Primary Medical Services Allocation has been allocated in advance of the GMS Uplift. The GMS Uplift will be determined later this year. The increase for individual GMS practices will be backdated by Practitioner Services to 1 April 2025. Practitioner Services will inform NHS Boards of the impact for 17C and other GP practices.

4. Any adjustments to funding for Protected Time Activities and Practice Quality Leads will take place alongside the GMS Uplift.

5. The total allocation to Health Boards now stands at £1,035,254,000, up from £962,060,000 in 2024-25.

Allocations for 2025-26

- **Annex A** shows the total primary medical services allocations for 2025-26.
- **Annex B** shows the allocations 2016-17 through 2024-25.
- **Annex C** shows the existing Directed Enhanced Services.

Directed Enhanced Services (DES)

6. Each Health Board must exercise its function under section 2C of the National Health Service (Scotland) Act 1978 of providing primary medical services within its area, or securing their provision within its area, by establishing, operating and, as appropriate, revising for its area the schemes in **Annex C**.

7. The Scottish Government is in the process of finalising revisions the Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2018. The revised directions will be shared with Health Boards shortly.

Enhanced Services and the 2018 GP Contract

8. The 2018 General Medical Services Contract in Scotland document set out the Scottish Government's expectation that Enhanced Services funding is not removed from practices as services are transferred to NHS Boards, as doing so could be destabilising. This expectation has been reflected in the creation of Transferred Services Residuals for the Vaccination Transformation Programme; it has also been understood to mean that payments to practices for Local Enhanced Services should not be reduced for practices. This does not mean that NHS Boards should continue all Local Enhanced Services indefinitely but NHS Boards should consider stability when services come to a natural end and new ones are introduced or continuing ones are reconfigured.

Yours sincerely

Michael Taylor
Head of GMS Contract

Annex A - Primary Medical Services Allocation – 2025/26

NHS Board	£m
Ayrshire & Arran	70.23
Borders	22.32
Dumfries & Galloway	30.70
Fife	66.15
Forth Valley	55.93
Grampian	103.38
Greater Glasgow	227.60
Highland	79.51
Lanarkshire	118.26
Lothian	162.47
Orkney	6.19
Shetland	5.19
Tayside	79.28
Western Isles	8.04
TOTAL	1035.25

Annex B - Primary Medical Services Allocations 2018-19 through 2024-25

NHS Board	2018-19 £m	2019-20* £m	2020-21 £m	2021-22 £m	2022-23 £m	2023-24 £m	2024-25
Ayrshire & Arran	54.03	60.19	61.57	63.08	65.82	69.72	64.71
Borders	17.30	18.98	19.48	20.51	21.23	22.45	20.99
Dumfries & Galloway	23.90	26.39	27.02	27.92	29.31	31.63	29.62
Fife	50.11	55.28	56.91	59.26	61.77	65.43	61.99
Forth Valley	42.81	47.56	50.08	50.34	52.57	56.02	52.02
Grampian	78.80	86.54	88.64	91.80	96.71	102.23	95.65
Greater Glasgow	172.57	192.17	198.04	203.33	212.71	225.78	211.74
Highland	62.54	67.73	69.40	72.60	75.53	79.97	73.95
Lanarkshire	89.81	100.32	102.59	105.98	109.97	117.29	110.41
Lothian	120.06	132.83	137.10	141.86	149.85	159.93	149.79
Orkney	4.95	5.35	5.46	5.68	5.90	6.00	5.62
Shetland	4.14	4.40	4.47	4.66	4.83	5.09	4.84
Tayside	61.07	67.28	69.12	70.99	74.19	79.27	73.2
Western Isles	6.46	6.91	7.08	7.45	7.73	8.16	7.55
TOTAL	788.56	871.93	896.93	924.47	968.12	1028.97	962.06

Annex C - List of Existing Directed Enhanced Services

Extended Hours Access Scheme	Provides a minimum of an additional 30 minutes of general practitioner or other healthcare professional consultation time per 1000 patients per week	PCA2018(M)04
Minor Surgery Scheme	To ensure that a wide range of minor surgical procedures are made available as part of the Primary Medical Services provided in the Board's area.	PCA2005(M)06
Palliative Care Scheme	To assess when patients who reach the last days of their life receive appropriate high quality care.	PCA2019(M)06
Violent Patients Scheme	Must consult the GP sub - committee of the Health Board's area medical committee about any proposals it has to establish or revise a Violent Patients Scheme.	PCA2006(M)03

Directorate for Primary Care
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NHS Board Directors of Finance

8 July 2024

Dear Colleague

PRIMARY MEDICAL SERVICES (REVENUE) ALLOCATION 2024/25

Introduction

1. This letter notifies NHS Boards of their Primary Medical Services Allocation for 2024-25. It funds delivery of primary medical services by Health Boards under their powers as set out in the National Health Service (Scotland) Act 1978 (as amended) as follows:

    - General Medical Services (GMS) contracts under Section 17J;
    - Section 17C arrangements;
    - Health Board Direct Provision under Section 2C, and;
    - Primary Medical Services contracts under Section 2C.

2. This includes allocations for the Global Sum and Income & Expenses Guarantees as well as GP premises (revenue and capital), the Primary Medical Services Bundle and other enhanced services funding, parental and sickness leave, occupational health, practice quality leads, the recruitment and retention fund, the rural general practice package, protected time activities, data protection, oxygen, support for GP Sub-Committees, and the wider Board Allocated Funds.

3. The Primary Medical Services Allocation previously included sums for GP IT (revenue & capital), GP pensions support, and the Out of Hours residual funding[1]. These sums will now be allocated to NHS Boards as part of their

[1] This was the element of the Global Sum that was previously retained by Health Boards where practices opted out of providing Out of Hours as an Additional Service.

baseline core funding. An additional £14.24 million has been added for pension support following the increase in the employers contribution rate.

4. The Primary Medical Services Allocation has been allocated in advance of the GMS Uplift. The GMS Uplift will be determined later this year. The increase for individual GMS practices will be backdated by Practitioner Services to 1 April 2024. Practitioner Services will inform NHS Boards of the impact for 17C and other GP practices.

5. Any adjustments to funding for Protected Time Activities and Practice Quality Leads will take place alongside the GMS Uplift.

6. The total allocation to Health Boards now stands at £962,060,000.

Allocations for 2023-24

- **Annex A** shows the total primary medical services allocations for 2024-25.

- **Annex B** shows the allocations 2016-17 through 2023-24.

- **Annex C** shows the amounts allocated for Global Sum, Temporary Patients Adjustment and Income & Expenses Guarantees

- **Annex D** shows Premises, Enhanced Services, and Board Administered Funds.

- **Annex E** shows Practice Support.

- **Annex F** shows historic reallocations and deductions.

- **Annex G** shows elements removed from the primary medical services allocation.

- **Annex H** shows the existing Directed Enhanced Services.

The Primary Medical Services Bundle

7. This letter also confirms the outcomes which NHS Boards are required to deliver, or contribute to, in 2024-25 under the Primary Medical Services bundle. The total funding that each NHS Board will receive to support delivery of these outcomes is at **Annex D** in the Enhanced Services and SESP columns. The totals in **Annex A** for the Revenue Allocation include the £62.5m allocated for the Primary Medical Services Bundle.

Directed Enhanced Services (DES)

1. Each Health Board must exercise its function under section 2C of the National Health Service (Scotland) Act 1978 of providing primary medical services within its area, or securing their provision within its area, by establishing, operating and, as appropriate, revising for its area the schemes in **Annex H**.

2. The Scottish Government is in the process of finalising revisions the Primary Medical Services (Directed Enhanced Services) (Scotland) Directions 2018 taking into account the progress of the Vaccination Transformation Programme and recent consultation on the Violent Patients Scheme. The revised directions will be shared with Health Boards shortly.

3. Historic income from vaccinations should be supported from the Primary Medical Services Bundle.

Local and National Enhanced Services

4. The Primary Medical Services Bundle can also be spent on Local and National Enhanced Services. These services are not restricted to general medical practice but are services that should be delivered within primary care. It is for NHS Boards to consider how primary care assists in delivering the Scottish Government's aims for health and social care but the aims below should be met before other Enhanced Services are considered.

5. NHS Boards are expected in commissioning Local and National Enhanced Services to consider in particular:

    a. Opportunities to support whole system working, in particular work to support continuous quality improvement across GP practices and the contribution that can make to quality improvement across the whole of the health and social care system, particularly through the role of the Practice Quality Leads
    b. Opportunities to combine these monies with other funding to support the transformation of primary care
    c. Opportunities to identify, mitigate and reduce health inequalities, particularly in areas where there are high levels of deprivation, avoidable mortality and preventable morbidity. Approaches could include: proactive care targeted at patients who are living with complex multimorbidity; preventative outreach with patients who are known to be at high risk of poor health, including poverty, but who under-utilise general practice or repeatedly miss appointments or frequently use urgent care; opportunities for enhanced general practice involvement in multiagency care in areas of high deprivation/high health care need

6. Funding used in this area should be seen to rebalance care, support and service provision towards anticipatory care and preventive services, deliver integrated and coordinated care and support to enable older people to stay well in their own homes, to improve care at times of transition, identify, mitigate and reduce health inequalities, and to reduce the misuse of drugs. Earlier this year NHS Boards were asked to report on how much of this funding had been spent

implementing MAT 7. The Scottish Government will request updated reporting on the implementation of MAT 7 in due course.

7. The 2018 General Medical Services Contract in Scotland document set out the Scottish Government's expectation that Enhanced Services funding is not removed from practices as services are transferred to NHS Boards, as doing so could be destabilising. This expectation has been reflected in the creation of Transferred Services Residuals for the Vaccination Transformation Programme; it has also been understood to mean that payments to practices for Local Enhanced Services should not be reduced for practices. This does not mean that NHS Boards should continue all Local Enhanced Services indefinitely but NHS Boards should consider stability when services come to a natural end and new ones are introduced or continuing ones are reconfigured.

PMS Bundle Funding

8. I would like to take this opportunity to remind you that the total funding received for the bundle should solely be applied to the programmes that it is intended to support. The viring of funds between bundles is not permitted but funds may be used flexibly within the bundle to deliver the programmes and meet the outcomes specified above.

9. NHS Boards will be performance managed on the basis of progress made towards delivering agreed outcomes. If there is evidence that a NHS Board has failed to deliver agreed outcomes, the policy team may withdraw the bundling flexibility for that NHS Board and revert to ring-fenced allocations for each programme or withdraw funding in-year.

Yours sincerely

Michael Taylor
Head of GMS Contract

Annex A - Primary Medical Services Allocation – 2024/25

NHS Board	£m
Ayrshire & Arran	64.71
Borders	20.99
Dumfries & Galloway	29.62
Fife	61.99
Forth Valley	52.02
Grampian	95.65
Greater Glasgow	211.74
Highland	73.95
Lanarkshire	110.41
Lothian	149.79
Orkney	5.62
Shetland	4.84
Tayside	73.2
Western Isles	7.55
TOTAL	962.06

Annex B - Primary Medical Services Allocations 2018-19 through 2023-24

NHS Board	2018/19 £m	2019/20* £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
Ayrshire & Arran	54.03	60.19	61.57	63.08	65.82	69.72
Borders	17.30	18.98	19.48	20.51	21.23	22.45
Dumfries & Galloway	23.90	26.39	27.02	27.92	29.31	31.63
Fife	50.11	55.28	56.91	59.26	61.77	65.43
Forth Valley	42.81	47.56	50.08	50.34	52.57	56.02
Grampian	78.80	86.54	88.64	91.80	96.71	102.23
Greater Glasgow	172.57	192.17	198.04	203.33	212.71	225.78
Highland	62.54	67.73	69.40	72.60	75.53	79.97
Lanarkshire	89.81	100.32	102.59	105.98	109.97	117.29
Lothian	120.06	132.83	137.10	141.86	149.85	159.93
Orkney	4.95	5.35	5.46	5.68	5.90	6.00
Shetland	4.14	4.40	4.47	4.66	4.83	5.09
Tayside	61.07	67.28	69.12	70.99	74.19	79.27
Western Isles	6.46	6.91	7.08	7.45	7.73	8.16
TOTAL	788.56	871.93	896.93	924.47	968.12	1028.97

Annex C – Global Sum, Temporary Patients Adjustment and Income & Expenses Guarantees

NHS Board	Global Sum 2024-25 (£m)	Temporary Patients Adjustment (£m)	Income & Expenses Guarantees (£m)
Ayrshire & Arran	54.59	0.15	0.67
Borders	16.76	0.07	0.59
Dumfries & Galloway	23.33	0.14	1.12
Fife	53.09	0.16	0.33
Forth Valley	42.47	0.15	0.94
Grampian	75.13	0.25	3.59
Greater Glasgow	174.08	0.27	1.73
Highlands	45.39	0.50	12.79
Lanarkshire	93.57	0.13	1.07
Lothian	123.13	0.38	1.26
Orkney	3.00	0.01	1.13
Shetland	2.88	0.02	0.99
Tayside	57.8	0.20	1.62
Western Isles	3.81	0.04	2.17
Total	769.01	2.50	29.99

Annex D – Premises, Enhanced Services, and Board Administered Funds

NHS Board	Premises Revenue (£m)	Premises Capital (£m)	Enhanced Services (£m)	Board Administered Funds (£m)	SESP (£m)
Ayrshire & Arran	3.36	0.29	2.42	3.47	1.99
Borders	1.57	0.10	0.81	0.97	0.52
Dumfries & Galloway	1.99	0.13	1.10	1.51	0.87
Fife	3.15	0.26	2.18	2.92	1.72
Forth Valley	3.06	0.23	1.90	2.66	1.64
Grampian	7.65	0.43	3.58	4.62	2.62
Greater Glasgow	12.78	0.94	7.76	11.74	6.56
Highlands	5.94	0.33	2.72	5.32	1.66
Lanarkshire	4.64	0.49	4.04	5.42	3.27
Lothian	11.86	0.64	5.28	6.38	4.21
Orkney	0.26	0.02	0.16	0.90	0.10
Shetland	0.15	0.02	0.17	0.48	0.07
Tayside	6.90	0.32	2.65	3.31	2.08
Western Isles	0.59	0.03	0.27	0.83	0.13
Total	63.89	4.24	35.04	50.52	27.43

Annex E – Practice Support

NHS Board	PCF (£m)	PQL/PTA (£m)	PLT (£m)
Ayrshire & Arran	0.29	0.41	0.04
Borders	0.12	0.17	0.01
Dumfries & Galloway	0.17	0.24	0.01
Fife	0.24	0.40	0.03
Forth Valley	0.22	0.38	0.03
Grampian	0.41	0.52	0.05
Greater Glasgow	0.72	1.74	0.11
Highlands	0.59	0.70	0.03
Lanarkshire	1.37	0.74	0.06
Lothian	0.51	0.89	0.07
Orkney	0.09	0.05	0.01
Shetland	0.10	0.07	0.01
Tayside	0.31	0.46	0.04
Western Isles	0.10	0.07	0.01
Total	5.24	6.84	0.50

Annex F – Historic reallocations and deductions

NHS Board	NES Transfer (£m)	2017 reallocation (£m)	QOF and Core deductions (£m)
Ayrshire & Arran	-0.01	0.01	-2.96
Borders	0.00	0.00	-0.71
Dumfries & Galloway	0.00	-0.01	-0.99
Fife	-0.01	-0.02	-2.46
Forth Valley	-0.01	0.00	-1.65
Grampian	-0.01	-0.03	-3.17
Greater Glasgow	-0.02	-0.01	-6.66
Highlands	-0.01	-0.01	-2.00
Lanarkshire	-0.01	-0.01	-4.36
Lothian	-0.02	0.09	-4.92
Orkney	0.00	0.00	-0.10
Shetland	0.00	0.00	-0.12
Tayside	-0.01	0.00	-2.45
Western Isles	0.00	0.00	-0.48
Total	-0.10	0.00	-33.04

Annex G - Elements removed from the primary medical services allocation

NHS Board	IT Revenue & Capital (£m)	OOH (£m)	Superannuation (£m)
Ayrshire & Arran	0.62	1.83	3.22
Borders	0.21	0.61	1.06
Dumfries & Galloway	0.28	0.83	1.40
Fife	0.56	1.64	3.01
Forth Valley	0.49	1.44	2.56
Grampian	0.92	2.71	4.75
Greater Glasgow	1.99	5.85	10.70
Highlands	0.70	2.08	2.51
Lanarkshire	1.04	3.04	4.58
Lothian	1.36	3.99	7.74
Orkney	0.04	0.12	0.22
Shetland	0.04	0.13	0.05
Tayside	0.68	2.00	3.54
Western Isles	0.07	0.20	0.33
Total	9.00	26.48	45.67

Annex H - List of Existing Directed Enhanced Services

Extended Hours Access Scheme	Provides a minimum of an additional 30 minutes of general practitioner or other healthcare professional consultation time per 1000 patients per week	PCA2018(M)04
Minor Surgery Scheme	To ensure that a wide range of minor surgical procedures are made available as part of the Primary Medical Services provided in the Board's area.	PCA2005(M)06
Palliative Care Scheme	To assess when patients who reach the last days of their life receive appropriate high quality care.	PCA2019(M)06
Violent Patients Scheme	Must consult the GP sub - committee of the Health Board's area medical committee about any proposals it has to establish or revise a Violent Patients Scheme.	PCA2006(M)03