



Llywodraeth Cymru  
Welsh Government



16 January 2026

Dear colleagues,

Further to the letters dated 12 and 23 December which respectively provided a collective update regarding the GMS Contract for 2025-26, and the 4% staff pay uplift, we take this opportunity to provide preliminary guidance on the Workforce Fund.

As set out in the first letter dated 12 December, a guaranteed 5.8% recurrent funding uplift has been secured to the GMS contract from the outset of the 2026-27 financial year, providing practices with financial certainty to invest in resources, including workforce expansion, service redesign and administrative support. This uplift is additional and unrelated to any DDRB pay award in 2026-27 and underpins the Community-by-Design transformation programme led by the Welsh Government Chief Medical Officer, enabling GPs to play a central role in integrated care models.

Practices will shortly receive further guidance on the operation of the Workforce Fund providing a complete overview of the application and claims process for practices seeking support from the Fund.

In the interim we invite practices to submit baseline staffing information by 31 January, with the follow-on application to follow by 27 February. This is necessary to enable each Health Board to proactively manage the application and claims process.

For this purpose, we have attached a guidance document in annex A, purposefully designed to assist practices to outline baseline staffing information by 31 January, in advance of submitting the follow-on application, by the 27 February deadline.

To clarify, practices may apply for this fund throughout the year, however, applications received on or before 27 February 2026 will receive a guaranteed response for April.

Should you have any further queries on the guidance or changes then please contact your Health Board.


Yours sincerely,



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Welsh Government



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Chair



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## **Workforce Fund – Guidance Document**

### **Introduction**

This document provides guidance on the operation of the Workforce Fund, the requirements for practices regarding baseline staffing information, and an outline of the application process for practices seeking support from the Fund. Further detailed information on the application and claiming process will follow.

### **Operation of the Workforce Fund**

#### **Background**

The Workforce Fund was established as part of the 2025/26 GMS Contract Negotiations to facilitate the Community by Design Transformation programme which is being led by the Welsh Chief Medical Officer.

From April 2026, the existing £4m Additional Capacity Fund (ACF) will be incorporated into the Workforce Fund, creating a single unified funding stream.

The current ACF model—under which practices must provide 50% match funding—will close on 31 March 2026.

#### **Allocation of Funding**

The Workforce Fund will be distributed to Health Boards based on raw population and Health Boards will notify practices of their individual Workforce Fund allocation. This will be based on raw list size as at 1<sup>st</sup> January 2026.

Practices will apply for their share from their Health Board, also based on raw list size, and this will be awarded at Health Board discretion, subject to meeting the criteria set out below. In order to secure funding from the beginning of the financial year, practices will need to submit their application by 27<sup>th</sup> February 2026.

Funding will be provided at 100%, with no requirement for match funding by practices.

Community by Design is a system-wide initiative to make faster and greater progress with the delivery of integrated services in our communities. Given that the Community by Design programme is in early development, a degree of pragmatism will be applied to this aspect of the application for those received by the 27/02/26 deadline.

### **Baseline Staffing Information Requirements**

#### **Provision of Data**

NWSSP will supply each practice with a spreadsheet containing baseline staffing information extracted from PCWIS as at 31 December 2025. The baseline should

include practice funded staff only and not staff from any other funding stream (e.g. HB employed staff or cluster staff working at the practice).

### Responsibilities of Practices

Practices must verify the accuracy of the data and submit and confirm this with their Health Board.

Where inaccuracies are identified, practices must:

- Provide details of required corrections to the Health Board, and

Ensure PCWIS is updated to reflect the correct position as at 31 December 2025.

### Replacement of the Term “ACP” with “WFP”

The acronym ACP refers to Additional Capacity Payment (i.e., ACF-funded posts), which is the terminology currently used in PCWIS. From 1<sup>st</sup> April 2026 the £4m allocated to the Additional Capacity Fund becomes part of the new ‘Workforce Fund’. Therefore, this acronym will be replaced with WFP i.e. Workforce Fund Payment.

### Data Contained in the Spreadsheet

The spreadsheet will include:

- Practice Code
- Practice Name
- Health Board
- Staff Name (included for verification only; names must be removed before returning to the Health Board)
- Staff Category (e.g., Admin/non-clinical, GP)
- Staff Role (e.g., receptionist, salaried GP, ANP)
- Contract Type (e.g., permanent, fixed term)
- ACP Entered (indicates whether ACP hours above zero are recorded)
- Total ACP Hours
- ACP Count (number of months ACP recorded)
- Hours As (hours or sessions)
- Contracted Hours per Week
- Active in Practice (indicates if staff currently have an active role)

The second and third spreadsheet tabs will show vacancy data and staff role totals per practice.

### Inclusion of Vacancies

The dataset must include all vacancies as at 31 December 2025.

Staff funded through the ACF must not be included in the baseline and should be clearly identified separately.

### Application and Claims Process

In order to ensure an approved bid is funded from 1st April 2026, practices must submit initial applications by 27 February 2026.

Claims may be drawn down during the year, monthly in arrears based on actual need.

The final deadline for late applications or material updates is 31 December 2026.

### **Workforce Plan Submission**

To access the Fund, practices must submit a Workforce Plan outlining how they intend to use their allocation. This plan must demonstrate proposed changes compared to the staffing baseline as at 31 December 2025, including:

- Changes to the baseline staffing
- Additional roles or increased hours
- Cost calculations for proposed staffing changes

How the proposals support:

- Sustainability
- Additionality
- Preparedness for engagement with Directed Collaborative Services

### **Existing ACF-Funded Posts**

Posts currently 50% funded through the ACF may be included in the application for 100% funding from the Workforce Fund allocation.

### **Year-End Underspend**

Any underspend within the Workforce Fund will be calculated and distributed as a one-off GMS Residual Payment, this will also be allocated by each Health Board to practices on a raw population basis.

### **Submission Deadlines**

Baseline staffing information: **31 January 2026**

Initial Workforce Plan submissions: **27 February 2026**

Amendments permitted until: **31 December 2026**

### **Confirmation**

Practices will be notified of the outcome of their applications by **31 March 2026**