General Practice Non-Staff Expenses Guidance 2026/27

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Quick guide: Summary for practices, Health Boards and PSDS

1. Summary of funding for practices

- £4 million allocated directly to practices using practice shares of the Global Sum and Income and Expenses Guarantee.
- Practices can also claim reimbursement of one third of energy costs.
- For practices invoiced by the Health Board, energy charges will be reduced by one third.

To receive funding, practices must:

- Submit high quality 2024/25 non-staff expenses data to Scottish Government via MS Forms by 28 August 2026.
- For audit purposes, retain evidence that data has been submitted.
- Use funding in line with the conditions set out in paragraphs 20-22.
- Ensure that any reduced outgoings as a result of the investment are recycled to increase workforce capacity or to address other sustainability pressures.
- Complete the Expenses section of the workforce intentions declaration in the Workforce Survey to describe how any reduced outgoings will be recycled.

Key dates	Requirement
31 July 2026	Data collection form issued
28 Aug 2026	Data submission deadline
October 2026	Payment of shares of £4m paid to practices who have returned data

If claiming reimbursement of energy costs, practices must:

- Submit accurate invoices for the correct period in line with locally agreed Health Board processes.
- Declare that costs relate only to General Medical Services, and that they are not already reimbursed.

2. Summary of funding available for Health Boards

- Up to £6 million will be allocated to Health Boards to directly reimburse one third of practice energy expenses or reduce practice energy charges by one third.

Health Boards will be responsible for:

Developing an expenses reimbursement process

- Setting up a reimbursement process for practice energy costs and/or reducing their agreed energy charges to practices by one third.
- Advising practices of the process for submission of invoices and agreeing the frequency of these (e.g. monthly vs quarterly).

- Agreeing a transparent process (if not already in place) for estimating practice-specific energy costs for shared use premises, or where a service charge is levied.

Payment

- Confirming the level of reimbursement due to each practice, authorising payments and instructing PSDS to pay.

Consistency and transparency

- Developing local benchmarking arrangements and sharing best practice.
- Ensuring that local processes are guided by the principle of practice stability and on the basis of mutual agreement with individual practices.

Reporting

- Ensuring that data on 24/25 non-staff expenses is submitted for 2C practices.
- Submitting practice-level data to Scottish Government on energy reimbursement costs as set out in paragraphs 33-35.
- Informing Scottish Government of changes in the number of practices in the Health Board area, and how these changes may impact costs.

Public Services Delivery Scotland (PSDS) will be responsible for:

- Making payments and verifying these have been made appropriately.
- Carrying out assurance checks.

The remainder of this document provides detailed guidance on the policy, funding arrangements and assurance requirements summarised above.

Background

1. This document provides guidance for general practices and Health Boards on non-staff expenses following the October 2025 agreement on investment in core general practice services.

2. The agreement included a commitment to:

    - work with Health Boards to support improved consistency for expenses currently covered by the Premises Directions, and
    - to introduce direct reimbursement for agreed non-staff expenses in phases over the years 26/27, 27/28 and 28/29.

3. This guidance sets out how Scottish Government will deliver the first phase of direct reimbursement in 2026/27. It applies to all practices, including 2C practices.

4. Data collected from Health Boards and practices in 2026/27 will inform the approach in 2027/28 and 2028/29 (for additional expenses and improved consistency for expenses covered by the Premises Directions). Guidance will be issued in advance of each year.

5. Funding will be allocated as follows:

	2026/27 *(£m)*	**2027/28** *(£m)*	**2028/29** *(£m)*
Expenses (new investment)	10	21.7	8.3
Total recurring	10	31.7	40

Policy aims and intent

6. The purpose of investment in non-staff expenses is to support general practice stability and delivery of services for patients, in a way that is affordable for Health Boards.

7. The policy aims to achieve this by:

    - reducing financial risk for GP partners
    - stabilising general practice funding
    - addressing variation in local arrangements, and
    - promoting equity, best value and transparent use of public resources.

8. The Scottish Government recognises that there is significant variation across Scotland in how non-staff expenses are currently managed by practices and Health Boards. This policy should be implemented in a way that provides stability for practices, and on terms no less favourable than the current position.

9. The investment is not intended to trigger changes to existing arrangements. This means that Health Boards should not increase premises charges to practices in anticipation of, or after, the Scottish Government's investment, unless otherwise

or previously agreed between Boards and practices (an example of an exception would be when annual increases for practices in Health Board owned premises or receiving Health Board services are applied as standard every year).

10. Where local decisions are needed to adjust existing arrangements, they should be guided by the principle of practice stability and made on the basis of mutual agreement between Health Boards and individual practices.

Overview of expenses funding in 2026/27

11. In 2026/27 additional investment of £10 million will be delivered as follows:

- **Direct allocation to practices:** £4 million (40%) will be allocated directly to practices to address non-staff cost pressures (as referenced in Paragraph 21)

- **Reimbursement of energy expenses:** up to £6 million (60%) will be allocated to Health Boards to directly reimburse one third of practice energy expenses (heat, light and power).

12. This investment is separate from and in addition to the Global Sum, with the expectation that any reduced outgoings as a result of the investment will be recycled by practices to increase workforce capacity or address other sustainability pressures. This will ensure that this investment will support practice sustainability, better services and access to services for patients.

Direct allocation to practices

13. Practice awards will be based on practice shares of the Global Sum and overall Income and Expenses Guarantee payments at 1 April 2026[1].

14. Payments will be made monthly from October 2026 (with an initial payment covering April – October and monthly thereafter).

Reimbursement of energy expenses

15. Health Boards will reimburse one third of practice energy expenses (heat, light and power).

- *For practices invoiced directly by supplier:* practices can claim reimbursement of one third of their energy costs by submitting a copy of their invoice(s) to the Health Board.

[1] Practices were notified of their indicative expenses awards (alongside indicative awards for workforce investment) in March 2026 to aid practice planning. These were based on shares of the Global Sum on 1 January 2026. Actual awards, based on shares of the Global Sum on 1 April 2026, are provided alongside this guidance.

- *For practices invoiced by the Health Board:* Health Boards will reduce their agreed energy charges to practices by one third and re-coup this proportion of costs from their expenses allocation.

Eligibility for funding

16. Direct allocation to practices: to receive their funding share of the £4 million investment, practices must return high quality data on non-staff expenses by 28 August 2026, using the Scottish Government data collection tool. This will be issues to practices by Health Boards from 31 July.

17. Reimbursement of energy expenses: to claim one third of practice energy costs practices must:

    - submit an invoice(s) to their Health Board showing their energy bill(s) (heat, light and power)
    - declare that the claim submitted is for costs that directly relate to delivering General Medical Services only (on the same basis as notional rent is reduced if practice premises are used beyond a certain threshold for non-GMS activities, as per Paragraph 51 of the Premises Directions 2004), and
    - declare that the claim submitted is for costs that are not otherwise reimbursed.

18. Health Boards must:

    - Advise practices of the process for submission of invoices and agree the frequency of these (e.g. monthly vs quarterly).
    - Confirm the level of reimbursement due.
    - Instruct PSDS to make payment in a standard format as part of the usual Board payment information in line with monthly payment deadlines.

19. For practices invoiced for energy costs by the Health Board, the Board must:

- adjust the energy charges they pass on to practices by one third. If a practice is already paying less than two thirds of energy costs, no further reduction will be passed on to the practice and the Health Board will retain one third of that practices' energy costs.

- ensure that where premises are shared use, energy charges relate only to the practice share and that the agreed energy charges are transparent. This will require a transparent process for estimating practice-specific costs such as square footage of each practice. Ideally, this approach would be replicable across expense categories for future reimbursement. If Health Boards are unable to separate out energy costs for practices based in Health Centres, they will need to develop a methodology for estimating these based on available evidence, in agreement with practices if one is not already in place.

- Health Boards that issue a general ‘service charge’ that includes other items beyond heat, light and power should agree locally on a process for establishing reasonable estimates if precise figures are not available.

- Health Boards may want to consider sharing NHS national tariff costs for energy to enable practices to understand reasonable cost baselines. This would support transparency and greater consistency.

How funding can be used

20. This investment **must not be used to increase GP or staff pay, or GP partner drawings.**

21. Direct allocations to practices must be used to address any of the following non-staff cost pressures, particularly any costs that have increased beyond inflation:

    - Cleaning expenses
    - Clinical and professional indemnity
    - Equipment repairs and maintenance
    - Heat, light and power (energy costs)
    - Insurance, including building and contents and public liability*
    - Medical supplies
    - Non-clinical waste removal
    - Premises maintenance and repairs*
    - Postage, printing and stationery
    - Rates and water*
    - Telephony costs

** Expenses covered by the existing Premises Directions*

22. A description of each category is included in **Annex A.**

Reduced outgoings as a result of expenses investment

23. As set out in Paragraph 12, the investment of £10 million in 2026/27 is in addition to payments practices already receive for non-staff expenses via the Global Sum. **Any reduced outgoings as a result of the investment must be recycled** by practices to increase workforce capacity or to address other sustainability pressures.

24. For practices that opt to use any funding freed up in the Global Sum for increased workforce capacity, this should be used in line with the Workforce Capacity Guidance for General Practice issued in March 2026.

25. Annex B contains guidance on the expenses that practices can cover if they opt to use any reduced outgoings to address other sustainability pressures.

Assurance and verification

26. For **direct allocations to practices**, PSDS will carry out routine assurance checks on payments to confirm that practices are eligible to receive funding. As part of these checks, practices may be asked to provide evidence that they have submitted data on practice expenses to Scottish Government as set out in the section on 'Reporting Requirements'.

27. For **reimbursement of energy expenses** Health Boards should agree proportionate local benchmarking arrangements for energy expenses. Variation is to be expected, given the diversity of the general practice estate. Benchmarking should therefore be seen as an opportunity to share examples of good practice and to provide support to practices as needed (for example by signposting existing sustainability guidance or highlighting opportunities for improvement grants, where they exist, that would result in longer term savings).

28. Health Boards will be responsible for authorising payments for direct reimbursement of energy costs. PSDS will spot check a proportion of invoices in arrears (2027/28 for payments made in 2026/27) to verify payments as part of their routine checks.

Reporting requirements for practices

29. Practices will be required to provide 2024/25 data on spend across the agreed non-staff expense categories (including energy costs) by 28 August 2026.

30. Practices will receive an MS Forms data collection tool in July 2026, and will have four weeks to complete it. The tool will be based on the previous practice data collection exercise carried out in March / April 2025, with some changes to incorporate lessons learned.

31. When practices submit the data collection form to Scottish Government, they must follow the steps outlined to create a PDF of their submission through the 'print response' action. Practices are responsible for retaining this confirmation. It may be required to demonstrate that the data return was completed in advance of practice payments beginning in October 2026.

32. Practices will also be required to report their intentions for using funding freed up in the Global Sum via the workforce intentions declaration section of the Workforce Survey.

Reporting requirements for Health Boards

33. Boards must ensure that data on practice non-staff expenses for 2024/25 is returned for 2C practices.

34. Boards will also be required to return information to Scottish Government on actual energy costs and reimbursements, for 2026/27, at an identifiable practice level. Scottish Government will need data covering Q1 and Q2 by the end of October 2026 in order to release the second allocation payment in January. A

further return covering Q3 and Q4 will be required by the end of April 2027. A template for this will be provided nearer to the time.

35. Boards should also inform Scottish Government of changes in the number of practices they serve, and how they expect those changes to impact costs.

Best practice guidance for general practice

36. The Royal College of General Practitioners has published advice on greener practices, with links to a GP Carbon Calculator and a Green Impact Toolkit.

Next steps and further advice

37. The General Medical Services Statement of Financial Entitlements 2026/27 will be amended as required to support payments related to expenses reimbursement.

38. In years two (2027/28) and three (2028/29), in addition to the new investment of £21.7m and £8.3m respectively, a proportion of funding will be recycled from the Global Sum to directly reimburse expenses. How we approach this will be agreed with SGPC to ensure we deliver our aim of improving practice stability.

39. Please contact the following SG inbox with any queries: gp.expenses@gov.scot

Annex A: description of non-staff expense categories

Expense category	Description
Total rates and water	All costs your practice incurs related to rates and water only. Building rent costs should not be included.
Energy (heat, light and power costs)	All costs your practice incurs related to heat and light within the building.
Clinical and Professional indemnity	All costs your practice incurs related to Clinical and Professional indemnity.
Insurance, including buildings and contents and public liability	All insurance that you purchase related to the practice. Please include any additional insurance, such as locum and describe in the notes column what you have included. Please do not include private healthcare or HR/legal advice. Do not include any costs borne by individual GPs.
Medical supplies	All costs your practice incurs related to disposable medical supplies and small items of inexpensive durable medical equipment e.g. stethoscope, blood pressure gauge, weighing scales. This does not include large fixed assets e.g. furniture, examination beds, IT equipment.
Telephony costs	All costs your practice incurs relating to work mobile contracts, landlines and any additional services such as call centre charges. Please do not include the cost of new telephony systems.
Postage, printing and stationery	All costs your practice incurs related to postage, printing and stationery. Franking machine costs can be included. Please do not include any costs of back scanning or software.
Cleaning expenses	All costs your practice incurs in relation to internal cleaning and window cleaning. This may be from employed staff directly or through a cleaning company. Please include all costs related to cleaning including cleaning staff salaries where this is their only role.
Premises maintenance and repairs	All costs related to premises maintenance and repairs. Please include notes about any significant one-off repairs or maintenance during the year. Do not include new purchases, only costs related to maintenance and repairs.
Equipment repairs and maintenance	All costs your practice incurs related to the repairs or maintenance of equipment used within the practice. Please do not include the cost to acquire new/replacement equipment, only maintenance and repairs of existing equipment. Please do not include digital equipment expenses (e.g. computers, software licenses) unless it is a repair. Please include notes about any significant one-off

	repairs or maintenance to equipment during the year. Note: if premises and equipment R&M costs are inseparable, include in one category, put zero in the other and add a note to explain.
Non-clinical waste removal	All costs related to non-clinical waste removal.
Additional definition: Service charge	A fee paid to a third party (typically the premises owner e.g. landlord or Health Board) that covers the provision of one or more expense categories for your practice. Does not include general administrative fees.

Annex B: definition of 'other sustainability pressures'

Any reduced outgoings as a result of the investment in expenses must be recycled by practices to increase workforce capacity or to address other sustainability pressures. This includes:

- Supplementation of workforce expansion
- Training opportunities to expand practice staff skill set
- Addressing other non-staff cost pressures facing the practice within the 11 expenses categories (see Paragraph 21), particularly any costs that have increased beyond inflation
- Premises costs not covered by existing reimbursements, for example building insurance costs, internal and external repairs, plant, building and grounds maintenance costs, non-clinical waste removal in areas this is not already reimbursed
- Premises improvements to enable increased capacity, improved patient access or experience
- Purchasing products and services that could improve practice efficiency and directly support patient experience, for example accessibility improvements, information screens or ways of checking metrics in waiting rooms (PODS). Practices should consult with their Board's Digital Directorate before doing so.

Workforce intentions declaration - Workforce Survey: practices can use these categories to report their intentions for funding freed up in the Global Sum as a result of the expenses investment in the workforce intentions declaration section of the Workforce Survey.