

CQRS Local

GP Reimbursement Scheme User Guidance for Commissioners

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1. What is CQRS Local?

CQRS Local is a flexible web-based claims management and reporting system to support colleagues in Primary Care, Commissioning Organisations, Primary Care Networks (PCNs) and NHS England, with the aim of streamlining the management processes associated with Local Incentive Schemes.

Key Benefits:

- Removal of the administrative overhead of submitting documented email claims.
- Straight forward and convenient submission of claims and the ability to track them from initial submission all the way through to claim approval.
- Make payments without the need for practices to submit invoices following the approval of a claim.
- Enhanced reporting capability for reconciliation of payment, making it easier for providers to understand what payments have been made against the activities claimed.

2. What is the GP Reimbursement Scheme?

The practice-level GP reimbursement scheme enables practices to claim funding for eligible general practitioners through a centrally managed service in CQRS Local (Calculating Quality Reporting Service Local). The process is designed to support efficient claim submission, approval and, where selected, automated payments via PCSE (Primary Care Support England).

Service Providers must ensure they comply with the requirements for the GP reimbursement scheme, set out in the [General Medical Services Statement of Financial Entitlements Directions](#).

This sets out the applicable employment arrangements, additionality criteria and amounts that can be claimed.

If anything changes that might affect reimbursement, practices should tell their commissioner as soon as possible, ideally before the changes take effect. Notifiable changes include practice mergers and patient list size changes significantly affecting the patients per GP ratio – e.g. taking it over 3,500 pr GP. Changes to claims, such as GP leavers and starters or changes to individuals' hours worked, are not subject to notification. These should be reflected in amendments to the reimbursement claims.

As this is a reimbursement scheme, claims should only be submitted once the GP has begun delivering the funded hours or sessions.

Practices must ensure that all information submitted is accurate and up to date. In cases of underpayment, practices should work with their ICB to agree a process for how discrepancies will be resolved. Any overpayment identified may be subject to clawback.

Key system functionality

The GP reimbursement scheme will feature standard CQRS Local functionality, including two stage ICB approvals and user access and account management. In addition, there are some functionalities specific to this scheme.

- **National configuration** – The service will be set up and configured centrally and made available to ICBs to offer to practices.
- **Future submissions** – Claims can be submitted in advance for activity up to 3 months ahead (subject to ICB confirmation) up to the end of the financial year. If details change, the practice should cancel any future submissions and generate a new claim if applicable.
- **Future approval** – Where future submissions have been made, the ICB can pre-approve these.
- **Automated PCSE payments** – Unlike standard CQRS Local services, PCSE automation is disabled by default. ICBs can choose to enable the functionality by contacting the CQRS service desk. If enabled, the system generates a PCSE payment file on the last day of each month.
- **Submission deadline** - Claims must be submitted within 3 months after the end of the month the claim relates to.
- **Reports** – The system provides reports showing all claims by status: submitted, approved, rejected, or cancelled. This will include future submitted and approved claims to support workforce planning and forecasting.

3. The End-to-End Process

The end-to-end process is very straight forward and comprises 3 steps.

Step 1 – Service Provider prepares and submits their GP Reimbursement Scheme claims

Step 2 – Commissioner Approval Process

- a) Tier 1 – Inspecting the Claim and Approving
- b) Tier 2 – Approving the Claim for Payment (report available straight away)

Step 3 – Payment is made via PCSE (where selected)

4. Account Registration

For Commissioners - you should have already had an account created for you upon receipt of your Commissioner Agreement. If you haven't, please contact the Service Desk. Their details can be found in section 10.

If a GP practice wishes to register for a CQRS Local account, the ICB Administrator can email the link to the practice staff who can then register. The Administrator will then approve the account. The registration link is: <https://local.cqrs.nhs.uk/Account/Register>

If you have requested to be an Administrator, the following link will take you to a useful guide. <https://welcome.cqrs.nhs.uk/training/commissioning-administrator-account-management/>

5. The Claims Window

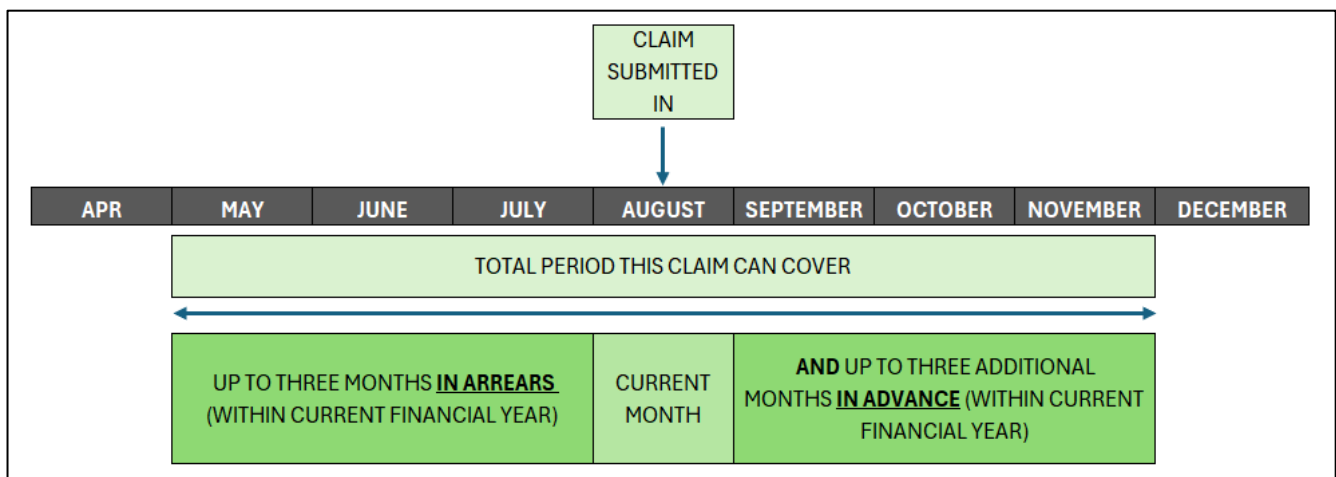
Claims Windows is the period permitted for Providers to submit their service claim(s). Please note, unlike other services, the GP Reimbursement Scheme is nationally configured which means these claim dates are pre-set and cannot be changed. Claims can be submitted up to three months in arrears, as long as the period covered is entirely within the current financial year.

1. To view your claims windows, click on the **Services** menu tile from your home screen.
2. Click on the **View** button alongside the Practice Level GP Reimbursement service.
3. Click on the **Components** button and then the **Schedule** button.

Name	Activity From	Activity To	Claim From	Claim To
2026-2027 - Month 1 (April)	01/04/2026	30/04/2026	01/04/2026	31/07/2026
2026-2027 - Month 2 (May)	01/05/2026	31/05/2026	01/04/2026	31/08/2026
2026-2027 - Month 3 (June)	01/06/2026	30/06/2026	01/04/2026	30/09/2026
2026-2027 - Month 4 (July)	01/07/2026	31/07/2026	01/04/2026	31/10/2026
2026-2027 - Month 5 (August)	01/08/2026	31/08/2026	01/05/2026	30/11/2026
2026-2027 - Month 6 (September)	01/09/2026	30/09/2026	01/06/2026	31/12/2026
2026-2027 - Month 7 (October)	01/10/2026	31/10/2026	01/07/2026	31/01/2027
2026-2027 - Month 8 (November)	01/11/2026	30/11/2026	01/08/2026	28/02/2027
2026-2027 - Month 9 (December)	01/12/2026	31/12/2026	01/09/2026	31/03/2027
2026-2027 - Month 10 (January)	01/01/2027	31/01/2027	01/10/2026	31/03/2027
2026-2027 - Month 11 (February)	01/02/2027	28/02/2027	01/11/2026	31/03/2027
2026-2027 - Month 12 (March)	01/03/2027	31/03/2027	01/12/2026	30/04/2027

6. What Happens Once a Claim is Submitted?

Provider claims can be submitted for approval for a single month or for the month in question plus up to three months in advance (subject to ICB confirmation). For advance claims, the system will automatically generate the next claim on the last day of the month. If the GP continues to work as part of the reimbursement scheme beyond the advance claim period, the Provider will need to submit a new claim (a draft claim will be available) which can again be submitted for approval up to a further 3 months in advance. All claims, whether in arrears or advance need to cover a period that is entirely within the current financial year



Once a Provider submits a claim, there will be 4 statuses that the claim will go through. These are detailed below:

Pending System Review: If they have uploaded a document with their claim, the system will run an anti-malware check to detect any malicious software. This will take a minute or two to complete.

Pending Tier 1 Review: The claim is with the Commissioner/Primary Care Team who will review it. Once they are satisfied with the claim, they will approve it. In some cases, the claim can be declined.

Pending Tier 2 Review: Once approved by Tier 1, the claim will then progress to Tier 2 who will review it and approve the claim for payment.

Claim Approved: This status indicates that the claim has been approved for payment. This will include any future approved claims. If PCSE has been selected by your Commissioning organisation the provider will be paid via that method.

7. Reviewing and Approving a Claim

Tier 1

Once a claim has been submitted, it will remain on the claims page and progress through a two-tier approval process. Tier 1 is responsible for conducting a detailed accuracy check of each claim, regardless of its value. Assessment of the claim amount sits with Tier 2 and is determined in line with the relevant financial approval thresholds.


1. From your home screen, click on your **Claims** menu tile.

The claim(s) will display the following information; Claim ID, Service Name, Provider, ODS Code, Submission Date, Status, Claim Value and Rating. The claim rating is determined by the value of the claim and falls into 1 of 3 categories. These categories are:

- **Category 1- Low Risk - Claims with payment of less than £15,000**
- **Category 2- Medium Risk - Claims with payment of £15,000 and above but less than £50,000**
- **Category 3- High Risk - Claims with payment of £50,000 and above**

CQRS Local will display claims as amber where they are assessed as medium risk, and pink/red where they are assessed as high risk.

2. Click on the **Review** button.

ID	Service Name	Provider	ODS Code	Submission Date	Approval Date	Status	Estimated Value	Rating	Action
136887	Practice Level GP Reimbursement 2026-27	ALTRINCHAM MEDICAL PRACTICE	P91004	11/05/2026		Pending Tier 1 Review	£3,402.03	Low Risk	

Creator User	Creation Date	Submission Date	Approved By	Status	Estimated Total
Caroline Barrett [caroline.barrett@nhs.fake]	11/07/2026	01/08/2026		Pending Tier 1 Review	£3,402.03

Please note that if a claim has been submitted with future claims, they will all be shown on this page.

The following information will be displayed:

- **Created User:** The name of the person who submitted the claim
- **Creation Date:** Date the claim was prepared
- **Submission Date:** Date the claim was submitted
- **Approved By:** Will display the name of the Tier 2 Approver once approved by them

- **Status:** Shows the claim as Pending Tier 1 Review
 - **Estimated Value:** The total value of that particular claim
 - **Claim Components:** Displays the activity window (month of claim)
 - **Claim Lines:** The GP the claim was made for including any supporting documentation
3. If the claim has been submitted with supporting documentation, this can be downloaded by clicking on the hyperlink. If the hyperlink is missing, this will indicate that the Provider didn't upload anything.
 4. Place a tick in the **Approve** box.
 5. Click on the **Send For Approval** button.

The claim will now have a status of Pending Tier 2 Review.

Claim Components												
Component	Activity Window	Status	Tariff	Units / Monetary Value	Estimated Value	Approve	Decline	Action				
Practice Level GP Reimbursement <small>Practice Level GP Reimbursement 2026-27</small>	2026-2027 - Month 1 (April)	Pending Tier 1 Review	Monetary	£3,402.03	£3,402.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Claim Lines												
London Rate	Role	Agreement Start Date	Agreement End Date	Hours Worked Per Week	WTE	Salary	NI	Pension	GMC Number	Max Monthly Reimbursement	Max Adjusted Reimbursement	
No London Rate	GP	01/04/2026	30/04/2026	10.00	0.267	£3,600.00	£150.00	£150.00	L175849	£12,741.67	£3,402.03	
Supporting documents												
L175849 GP Claim April 2026.xlsx (Excel only, 6KB)												
<input type="button" value="Save For Later"/> <input type="button" value="Hold Claim"/> <input type="button" value="Decline"/> <input checked="" type="button" value="Send For Approval"/>												

Tier 2

The process is exactly the same as Tier 1.

1. Check all the relevant information including the claim value.
2. Place a tick in the **Approve** box.
3. Place a tick in the **Certify** box.
4. Click on the **Approve For Payment** button.

Claim Components											
Component	Activity Window	Status	Tariff	Units / Monetary Value	Estimated Value	Approve	Decline	Action			
Practice Level GP Reimbursement <small>Practice Level GP Reimbursement 2026-27</small>	2026-2027 - Month 1 (April)	Pending Tier 2 Review	Monetary	£3,402.03	£3,402.03	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Claim Lines											
London Rate	Role	Agreement Start Date	Agreement End Date	Hours Worked Per Week	WTE	Salary	NI	Pension	GMC Number	Max Monthly Reimbursement	Max Adjusted Reimbursement
No London Rate	GP	01/04/2026	30/04/2026	10.00	0.267	£3,600.00	£150.00	£150.00	L175849	£12,741.67	£3,402.03

Supporting documents
[L175849_GP Claim April 2026.xlsx \(Excel only, 6KB\)](#)

I certify that the above claim can be approved for payment

8. Reviewing and Declining a Claim

You may decline a claim, if for example, an incorrect document was submitted with the claim or the amount to be claimed was different to the amount shown in the supporting documentation.

Please note that if a claim is declined, it will not time out whilst waiting for any Provider action(s).

1. Place a tick in the **Decline** box.
2. You will then be asked to state a reason for declining this service component. Please make sur that you provide as much information as possible to help the Provider correct the claim. There is a minimum of 20 characters and a maximum of 1024 characters.
3. When you have entered this information, click on the **Save** button.

Component Declined ✕

Date: 12/05/2026

Please state a reason for declining this service component:

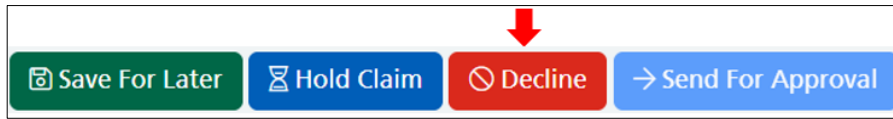
The GP payslip submitted is for a different month. Please can you revise and provide the correct payslip. Thank you.

Enter between 20 and 1024 characters 118 / 1024


Window	Status	Tariff	Units / Monetary Value	Estimated Value	Approve	Decline
27 - Month 1 (April)	Pending Tier 1 Review	Monetary	£3,402.03	£3,402.03	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Lastly, click on the **Decline** button.

The claim will now have a status of Tier 1 Review Declined and has been sent back to the Service Provider for them to action.



There will be button displayed which will show that there was history associated with this claim which will remain on the claim permanently.

Estimated value	
£3,402.03	

9. Abandoning a Claim

Please note that the Service Provider has the ability to withdraw and/or delete a claim. This would be the preferred option for editing or cancelling an existing claim. Instructions on how to do this can be found in the Service Provider User Guide, under the section titled *Deleting a Claim*.

A claim can be abandoned by either Tier 1 or Tier 2 and can be used, for example, if a claim has been approved and the Provider notifies you that information provided in the claim was incorrectly submitted or, in the case of future approved claims, details of the claims have changed, including instances where the claims need to be deleted. Commissioners should only abandon a claim where the Provider has been notified. If the Commissioner abandons a claim, it will be removed and will no longer be visible to the Provider. The claim is still visible to the Commissioner.

Please note that if the **Abandon** button is missing, it will indicate that the claim has been picked up by PCSE. If you aren't using PCSE, you can abandon a claim at any time providing the payment has not yet been processed. If in doubt, consult with your Finance Team.

To abandon a claim, follow these steps:

1. Click on the **Claims** menu tile.
2. From your claims page, enter your Claim ID or the name of the service and locate the claim.

All the claims associated with this service will be listed on your page if you have searched by service name.

3. Click on the **Abandon** button.

136897	Practice Level GP Reimbursement 2026-27	ALTRINCHAM MEDICAL PRACTICE	P91004	01/06/2026	01/06/2026	Claim Approved	£3,050.00	Low Risk		Abandon View
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4. Enter a reason for abandoning the claim and click **Confirm**.

Abandon Claim ✕

Are you sure you wish to abandon this claim?

Enter a reason:

The Practice Manager made contact to advise that the GP was unable to continue with their agreed hours.

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Confirm
Cancel

You will see that the status has now been changed to Abandoned.

136897	Practice Level GP Reimbursement 2026-27	ALTRINCHAM MEDICAL PRACTICE	P91004	01/06/2026	01/06/2026	Abandoned	£3,050.00	Low Risk	View
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5. Clicking on the **View** button will show you the reason and who abandoned the claim.

Abandoned Reason	Abandoned By
The Practice Manager made contact to advise that the GP was unable to continue with their agreed hours.	suzanne.cliffe4@nhs.fake

To retrieve an abandoned claim, follow the below steps:

1. From the claims page click on the **Filter** button.
2. Place a tick in the 'Include Abandoned Claims' box.
3. Scroll down to the bottom of the page and click on **Apply Filter**.
4. To remove the filter, click on the **Filter** button, scroll down to the bottom of the page and click on **Clear Filter**.

10. Viewing the PCSE Submission Date

If you have selected to use PCSE for automated payments, you can view the PCSE Submission Date from your claims page. A submission date will be assigned to all future approved claims.

From your claims page, enter your Claim ID or the name of the service and locate the claim.

1. Click on the **View** button.

ID #	Service Name #	Provider #	ODS Code #	Submission Date #	Approval Date #	Status #	Estimated Value #	Rating #	Action
136899	Practice Level GP Reimbursement 2026-27	ALTRINCHAM MEDICAL PRACTICE	P91004	01/06/2026	01/06/2026	Claim Approved	£3,050.00	Low Risk	Abandon View

For this claim, the PCSE Submission Date is 26/07/2026.

Creator User	Creation Date	Submission Date	Approval Date	Approved By	PCSE Submission Date	Status	Estimated Total
Caroline Barrett [caroline.barrett@nhs.fake]	01/06/2026	01/06/2026	01/06/2026	suzanne.cliffe4@nhs.fake	26/07/2026	Claim Approved	£3,050.00

11. Viewing your Approved Claims – Claims Page

To view your approved claims, you can access them from the claims page.

1. Click on the **Claims** menu tile.
2. Type 'Practice Level GP Reimbursement 2026-27' into the Search box and click on the **search** icon.

All the claims associated with this service will be listed on your page.

ID #	Service Name #	Creation Date #	Submission Date #	Approval Date #	Status #	Estimated Value #	Action
136887	Practice Level GP Reimbursement 2026-27	11/05/2026	11/05/2026	01/07/2026	Claim Approved	£3,402.03	View

Clicking on the **View** button will display the following information:

- **Creator User:** The name of the person who submitted the claim
- **Creation Date:** Date the claim was prepared
- **Submission Date:** Date the claim was submitted
- **Approval Date:** Date the claim was approved by Tier 2
- **Approved By:** Displays the name of the Tier 2 Approver
- **PCSE Submission Date:** Displays the date the payment was sent for automated payment (if activated)
- **Status:** Shows the claim as being Approved
- **Estimated Total:** The total value of that particular claim
- **Claim Components:** Displays the activity window (month of claim)
- **Claim Lines:** The GP the claim was made for including any supporting documentation

12. Viewing your Approved Claims – Reporting

There are a number of reports which will let you look at the outcome of your claims during a specified timeframe. Having useful reports will help you keep track of all your claims and the payments of them. The main report to look at is called *Claims Approved*.

1. From your home screen, click on **Reporting**.
2. Click on the **Claims Approved** report.

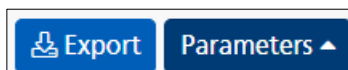
You will then be presented with all the claims within the current financial year. Please note that if you use CQRS Local for Locally Commissioned Services, you will need to use the Parameters to select only the Practice Level GP Reimbursement service.

Claims Approved							
Claim Id.IT	Claim Date.IT	Service.IT	Component.IT	Activity Window.IT	Claim Activity.IT	Claim Tariff.IT	Claim Value.IT
136887	11/05/2026 10:00	Practice Level GP Reimbursement 2026-27	Practice Level GP Reimbursement	2026-2027 - Month 1 (April)		£0.00	£3402.03
Total Claim Value							£3402.03

3. Clicking on the **Parameters** button will provide you with further criteria you wish to report on.

Claims Approved	
Search By	Approval Date
Search Dates	01/04/2026 To 31/03/2027
Areas	Please Select
Providers	Please Select
Services and Components	1 selected
Displayed Columns	25 selected
Horizontal Scrolling	<input checked="" type="radio"/> YES
Items Per Page	50 Items

4. To export this data into a CSV file, click on the **Export** button.



Your report can then be saved into your chosen location.

	A	B	C	D	E	F	G	H
1	ClaimId	ClaimDate	Service	Component	ActivityWindow	ClaimActivity	ClaimTariff	ClaimValue
2	136887	11/05/2026 10:00	Practice Level GP Reimbursement 2026-27	Practice Level GP Reimbursement	2026-2027 - Month 1 (April)		£0.00	£3,402.03
3	Total Claim Value							£3,402.03

13. Help and Support

For specific service information, we recommend that you contact your Primary Care Team in the first instance. For CQRS Local related queries, the Service Desk are here to support you. They can be contacted via telephone or email.



0330 124 4039 - 8am-6pm Mon-Fri (excluding public holidays)



necsu.cqrs-servicedesk@nhs.net

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