

CQRS Local

GP Reimbursement Scheme User Guidance for General Practice

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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) or the local payment process

4. Account Registration

CQRS Local Registration Link: <https://local.cqrs.nhs.uk/Account/Register>

Once registered, your account request will be reviewed and approved by the appropriate ICB System Administrator. Please register using your individual NHS email address that clearly identifies you by name. Shared, generic or team email addresses are not permitted. For example, email addresses such as admin-team-91004@nhs.net must not be used.

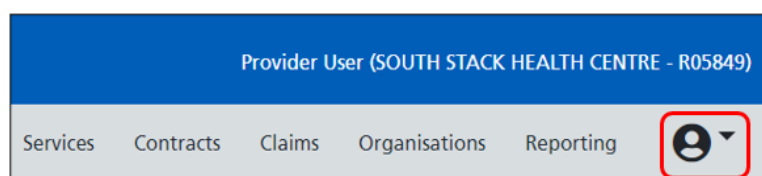
5. Requesting Access to Another Organisation

This section is intended for users who require access to an additional GP practice within CQRS Local. For example, a Practice Manager may work across multiple practices and therefore require access to more than one organisation.

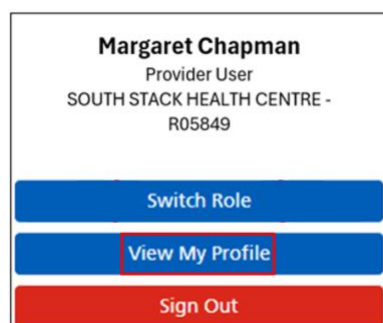
Before requesting access to an additional organisation, you must first be registered and have an active CQRS Local account.

Please note: Users can only request access to one additional organisation at a time and cannot submit another request until the current request has been approved.

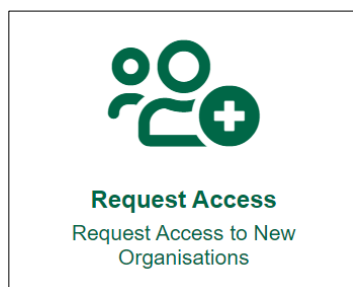
1. Select the **My Profile** icon in the top right-hand corner of the screen.



2. Select the **View My Profile** button.



3. From the **My Profile** screen, select the **Request Access** menu tile.



4. Select the required organisation from the drop-down list.
5. Once you have located and selected the required practice, select the **Next** button to continue.

Organisation

Please select the organisation you need access to:

MAELOG SURGERY [R01617]



6. On the next page, select the appropriate role for the chosen organisation and enter the reason for your access request.
7. Once you have completed this section, select the **Next** button to proceed to the review page.

Role

Please select a role at: MAELOG SURGERY [R01617]

Provider User

Reason For Role

I will be working at this site for 3 days per week and will be assisting with CQRS Local.

Explain reason for role. maximum 250 letters. 90 / 250

8. Review the information provided and, if all details are correct, select the **Next** button.
9. Once you have reviewed and confirmed that all information is correct, select the **Send** button to submit your access request.

You will receive a confirmation message confirming that your access request has been submitted successfully. Please await approval from the Commissioning Account Administrator before attempting to access the additional organisation.

6. Your Claims Window

Claims Windows is the period permitted for you to submit your 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.

10. To view your claims windows, click on the **Services** menu tile from your home screen.

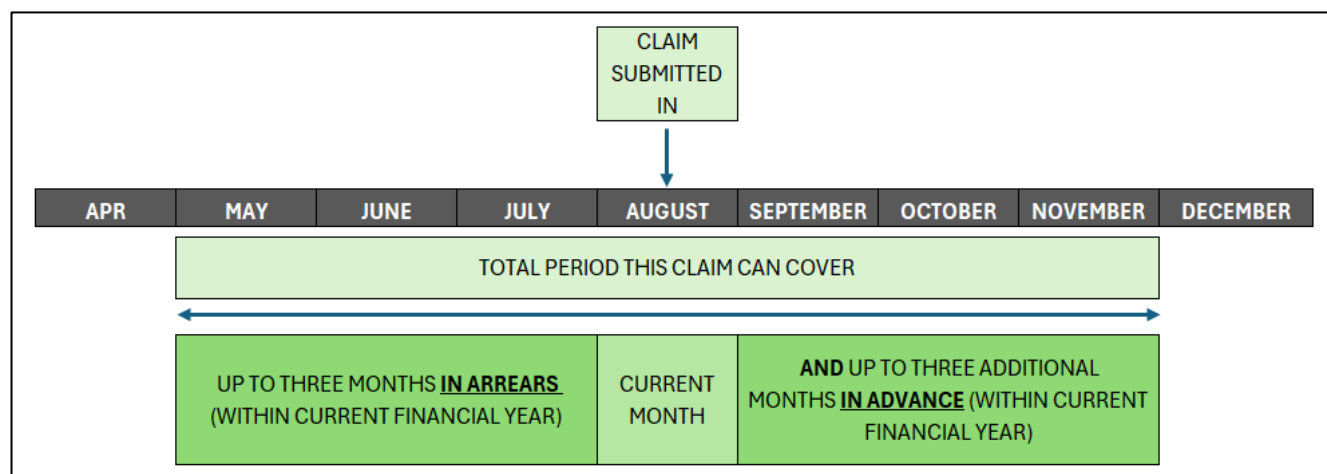
11. Click on the **View** button alongside the Practice Level GP Reimbursement service.

12. 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

7. How to Process and Submit your Claim(s)

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, you 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.



1. From your home screen, click on the **Claims** menu tile.
2. Click on the blue **+ New GP Claim** button.
3. Read the information provided in the blue box to understand the claim period.

From is the start date for the claim period; this may differ from the start of the GP's contract. For example, a Dec–Mar claim should have a From date of 1 December, even if you claimed for that GP in earlier periods.

To sets the number of months the claim should be automatically generated. Use the drop-down to select the preferred option (up to three months ahead).

Single month claim

In this example, a claim will be made for a GP whose work was being claimed for under the terms of the GP reimbursement scheme in Month 1 (April).

From	2026-2027 - Month 1 (April) ▼
To	2026-2027 - Month 1 (April) ▼
+ Add Line	

Advance claims

A claim will be made for Month 1 (April) and automatically generated at the end of each month up to and including Month 4 (July)

From

2026-2027 - Month 1 (April) ▼

To

2026-2027 - Month 4 (July) ▼

+ Add Line

4. After you have selected your *From* and *To* period, click on the **+ Add Line** button.
5. You will then be asked to select if a London Rate is applicable. If not, select No London Rate.
6. In the Employee Role drop-down – select GP.
7. Enter the number of hours worked per week. If the GP works in sessions, convert these to the corresponding number of hours.

Add Line

London Rate

No London Rate ▼

Employee Role

GP ▼

Number of Hours Worked Per Week

10

1. Read the information provided in the blue box to understand the Agreement Start Date.
2. Enter the Start Date. You can type over the date or use the date picker.

01/04/2026 📅

April 2026 ▼ ↑ ↓

Mo	Tu	We	Th	Fr	Sa	Su
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

Clear Today

3. Do the same for the Agreement End Date.
4. Carefully enter Salary details, the employer National Insurance and Pension contributions and the GP's GMC registration number. This information is mandatory.

Monthly Salary Paid to Employee
3600
Monthly Employers National Insurance Payments Paid
150
Monthly Employers Pension Paid
150
GMC Number
L175849

5. Click on the **Save** button.

If you wish to enter the details of an additional GP(s), click on the green **+ Add Line** button and repeat the above process.

6. If your Commissioning organisation has requested that supporting evidence, such as a payslip, is a requirement, click on the **Choose file** button from the Upload new document section and navigate to the file location and upload it to the system. Accepted file types are; .pdf, .doc, .xls, .od and .csv files.

Upload new document:
Choose file No file chosen
Valid types: *.pdf, *.doc*, *.xls*, *.od*, *.csv

It is paramount to protect the confidentiality of the GP when uploading a payslip or salary statement. Please ensure that any information such as home address, National Insurance Number (NI) etc. are carefully redacted before uploading.

7. Next is to carefully read the Declaration and finally, click on the **Create Claim** button. If you wish to restart the claim from the beginning, click on the **Restart Wizard** button.

Restart Wizard	Create Claim
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Please note - if you have uploaded a payslip or other document, the claim will show a status of Pending System Review. See below for further information.

The claim has now been submitted with a claim value of £3,402.03 and has a status of Pending Tier 1 Review. See below for further information on the next steps.

Claims							
#	10	Search Claim ID, Service Name		Filter	+ New CQRS Claim	+ New GP Claim	
ID	Service Name	Creation Date	Submission Date	Approval Date	Status	Estimated Value	Action
136885	Practice Level GP Reimbursement 2026-27	11/05/2026	11/05/2026		Pending Tier 1 Review	£3,402.03	View

8. What Happens Once Your Claim is Submitted?

Once you submit your claim, there will be 4 statuses that the claim will go through. These are detailed below:

Pending System Review: If you have uploaded a document with your claim, the system will run an anti-malware check to detect any malicious software. This will take a minute or two to complete. You may need to refresh your screen after this period of time.

Pending Tier 1 Review: The claim is with your 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. Please refer to section 9 for information.

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. Future submitted claims when approved by the Commissioner will show this status. If PCSE has been selected by your Commissioning organisation you will be paid via that method.

9. Withdrawing Your Claim

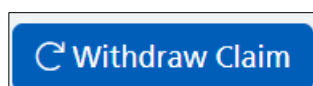
If, for any reason, you wish to withdraw your claim and amend it you can do so by locating the claim from within the claims page.

You can find your claim by entering the Claim ID or entering 'Practice Level GP Reimbursement' into the Search box and clicking on the **Search** icon.

It is important to note that the claim must be withdrawn and edited 5 days before the end of the last month you are claiming for in order to meet the approval and payment run. If this forms part of an advance claim series, all remaining advance claims should also be withdrawn.

In this example, the GP payment information had been entered incorrectly and requires withdrawal and amendment. This can be achieved if the Status is Pending Tier 1 Review, Pending Tier 2 Review and even if the claim has been approved for payment.

1. When you have located your claim, click on the **View** button.
2. Scroll to the bottom of the page and click on the **Withdraw Claim** button.



3. Click on the **Edit** button.
4. Under the Claim Lines section, click on the **Options** button followed by the **Edit** button.

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	Options ▾
												Edit
												Delete




5. Make your amendment and click on the **Save** button.
6. If you have inadvertently uploaded an incorrect document, you will need to delete the document and re-upload the correct one.

Monthly Salary Paid to Employee

Monthly Employers National Insurance Payments Paid

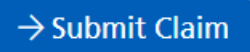
Monthly Employers Pension Paid

GMC Number

Save the line before uploading supporting documents.




7. Finally, click on the **Submit Claim** button.

Commissioners also have the functionality to abandon claims if it is established that the claims contain errors or require amendment, for example a GP ceasing to be eligible to work under the terms of the GP reimbursement scheme. This will cause the claims to be removed from current and future processing and will no longer be visible to the Provider. The claim will still be visible to the Commissioner. This option should only be utilised in agreement with the Provider. The preferred option is for the Provider to withdraw the claim.

10. Dealing With a Declined Claim

A Commissioner 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. Correcting such issues is very straightforward.

1. From your claims page, locate your declined claim and click on the **Edit** button.

# 10	Search Claim ID, Service Name			Filter	+ New CQRS Claim	+ New GP Claim	
ID #	Service Name #	Creation Date #	Submission Date #	Approval Date #	Status #	Estimated Value #	Action
136886	Practice Level GP Reimbursement 2026-27	11/05/2026	11/05/2026		Tier 1 Review Declined	£3,402.03	Edit

2. Clicking on the History icon will open the declined claim notes. It will display who declined the claim along with the date and time. Read the reason and action accordingly.

Claim (ID 136886)

Creation Date / Time: 11/05/2026 10:00
Created By: Caroline Barre

Claim Components

Component: Practice Level GP Reimbursement 2026-27

Claim Lines

Component Declined

suzanne.cliffe4@nhs.uk reviewed at 01/07/2026 09:00
The GP payslip submitted is for a different month. Please can you revise and provide the correct payslip. Thank you.

Close

Estimated Total: £3,402.03

Declined

Monetary Value: £3,402.03
Estimated Value: £3,402.03



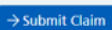
This declined claim indicates that the GP payslip uploaded was incorrect and will require the claim to be deleted and re-added.

3. Click on the **Delete** button.

+ Add Line

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	Options +
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	Options +

Supporting documents
L175849_GP_Claim_March_2026.xlsx (Excel only, 6KB)

4. To re-add the claim details, follow the same process from 6 above.

11. Deleting a Claim

There may be circumstances in which a claim needs to be deleted. For example, this may apply where a claim has been submitted for future months and the GP providing the additional work is unable to complete the full duration of the agreement. In such cases, one of two possible scenarios may apply.

Scenario 1 – If the GP had partially completed a full month, the claim will need to be edited and the dates amended accordingly. If this is the case, please refer to Section 8 - Withdrawing Your Claim.

Scenario 2 – You have submitted claims for three months in advance, for example June, July, and August. The GP completed the work in June and July but was unable to provide the service in August. In this situation, the August claim must be deleted to ensure that no payment is processed. The following instructions will show you how to delete such claims:

1. Click on the **Claims** menu tile.
2. In the Search box, enter the Claim ID or type 'Practice Level GP Reimbursement 2026-27' into the Search box and click on the search icon.
3. When the claim is located, click on the **View** button.

ID #	Service Name #	Creation Date #	Submission Date #	Approval Date #	Status #	Estimated Value #	Action
136911	Practice Level GP Reimbursement 2026-27	01/06/2026	01/06/2026	01/06/2026	Claim Approved	£4,077.33	View

4. Click on the **Withdraw Claim** button.

Claim Components

Component	Activity Window	Status	Tariff	Units / Monetary Value	Estimated Value
Practice Level GP Reimbursement ⓘ <i>Practice Level GP Reimbursement 2026-27</i>	2026-2027 - Month 5 (August)	Claim Approved	Monetary	£4,077.33	£4,077.33

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	01/06/2026	31/08/2026	12.00	0.320	£4,000.00	£200.00	£150.00	L654321	£12,741.67	£4,077.33

Withdraw Claim

Your claim will now change status to Draft.

5. Click on the **Edit** button.

ID #	Service Name #	Creation Date #	Submission Date #	Approval Date #	Status #	Estimated Value #	Action
136911	Practice Level GP Reimbursement 2026-27	01/06/2026			Draft	£4,077.33	Edit

6. Scroll to the bottom of the page and click on the **Delete** button.

Delete Claim
→ Submit Claim

7. Click **Yes** to confirm you want to delete this claim.

Delete Claim



Are you sure you want to delete this claim?

Yes
Cancel

12. 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.

Claims							
# 10	Practice Level GP Reimbursement 2026-27			 Filter	+ New CQRS Claim	+ New GP Claim	
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:

- **Created By:** 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
- **Status:** Shows the claim as being Approved
- **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

There is also the ability to Withdraw the claim on this page. For information on this, please refer to section 8.

13. Viewing your Approved Claims – Reporting

There are 3 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 received for them.

Claims Approved For Payment: This shows all claims which have been approved.

Claims Pending For Payment: Generate Claims Pending such as Tier 1 Review Declined, Pending Tier 2 Review etc.

Claimed Services: Shows a table of all providers' details; Unsubmitted Claims, Submitted Claims, Pending Claims, Approved Claims, Rejected Claims, Expired Claims and Has Claimed.

The most popular report to view is the **Claims Approved For Payment** report. This report will also provide you with payment information.

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

You will then be presented with all of your submitted claims within the current financial year.

Claims Approved							Export	Parameters
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							Export	Parameters
Search By	Approval Date							
Search Dates	01/04/2026		To	31/03/2027				
Services and Components	1 selected							
Displayed Columns	8 selected							
Horizontal Scrolling	☒ YES							
Items Per Page	50 Items							

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

Export	Parameters
--------	------------

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

14. 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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