

Medical ACT Allocations 2024/25: Information for Boards

Part 1: Summary of Changes for Implementation during 2024/25

1. Top sliced Funding

Following a request from Scottish Government and with the support of NES Board, £1.9m has been top sliced from the Medical ACT budget prior to application of the Medical ACT allocation model. This funding will be used to support the initiatives outlined in the table below during 2024/25:

| Proposal | Funding |
|---|------------------|
| NHSSA Widening Access posts (3*8a part-year costs) | 163,609 |
| Continuing support for Highland Medical student accommodation bid | 450,000 |
| Administration support for Scottish DME Group | 28,525 |
| Development of Cedar House accommodation (NHS Fife) | 630,000 |
| Set-up funding for new ScotCOM programme 2024/25 | 672,239 |
| Total Top-sliced Funding | 1,944,373 |

Table 1: Proposed projects for Top-sliced funding in 2024/25

NES wishes to reassure stakeholders that all discussions around setting up a Strategic Development fund have been paused; no further amounts have been top-sliced from the 2024/25 budget apart from what is outlined above.

2. Scottish Community Orientated Medicine (ScotCOM) programme

This new MB ChB programme at University of St Andrews will begin during 2025/26, with a first transition cohort derived from BSc students currently in Year 1, who will transfer to ScotCOM in January 2026; a second transition cohort will begin BSc Year 1 studies in autumn 2024 and will transfer to stScotCOM in January 2027. As there is no new funding available from Scottish Government (SG) for the set-up phase, SG has requested that any funding required to establish infrastructure should be provided from the existing Medical ACT budget; this will be achieved by top-slicing costs from the 2024/25 budget as outlined in Table 1 above.

3. ScotGEM Programme

Following completion of the transition phase on 1st September 2023, the ScotGEM programme moved to adopt all Medical ACT processes. ScotGEM funding for 2024/25 has therefore been allocated via the model in line with

other programmes. A notable exception to this is funding for the Year 3 LiC students, which will be allocated in a similar way to Years 1-3 of Edinburgh HCP-Med programme (see below).

4. Edinburgh HCP-Med Programme

The 2024/25 allocation detailed does not include funding for students within Years 1-3 of the Edinburgh HCP-Med programme; these allocations will be notified to relevant Boards once placements have been confirmed to NES by the programme, as has been the case in previous years. Health Boards are not required to raise bids for this funding. Funding for students for Year 4 and 5 of Edinburgh HCP-Med programme will be incorporated into the model as usual.

5. Primary Care Funding

Primary Care funding requested from Scottish Government remains at £3.5m based on current funding requirement

6. Medical ACT Bids Submission Process

All bids for use of additional allocations funding should now be submitted through the Medical ACT bids App, which is hosted on Turas. However, all ScotGEM related bids should still be submitted using the existing Excel format until further notice. This is pending a technical solution which needs to be developed by NES Digital to support these bids.

Please see Appendix A and B at the end of this document for full details of the agreed bids submission process for 2024/25, including key submission dates and expected response times from NES.

7. Discretionary Fund

Following feedback from stakeholders, NES will allow Boards to access a Discretionary Fund, up to a value of £5k. This is intended to support purchase of non-recurrent small value items without the need to submit a formal bid via the Medical ACT Bids App. Further details, including a list of key criteria for use of this fund is available on Page 9 of this document.

8. Deadlines for Use of Funding In-Year

Full details of the annual bids allocation cycle can be found within Appendix B. Given the delay in issuing allocation letters for 2024/25, NES has extended the deadline for use of Board funding in year, until 31st October 2024.

Thereafter bids can still be created, however the available funding will move to a national position (previously referred to as “national slippage”). The deadline for national position bids will be 31/3/25 unless NES is instructed to stop discretionary spending, as was the case in 2023/24. The first round of national bids will have a deadline of 31/12/24 but will be subject to the national funding position and no constraints on discretionary spend.

9. 2023/24 Recurrent bids with no spend in 2023/24

During the 2023/24 bids process, 24 bids (total value £633k) were submitted and approved for recurrent funding but attracted no in-year costs. The majority of these related to posts where recruitment was unsuccessful.

Going forwards, where a recurrent bid has not been utilised in the year when the bid was placed, we propose not to move the funding straight to a Board's baseline; instead, we will confirm that the Board intends to continue with the bid.

- Where a Board wishes to continue with the bid, funding will be issued via the monthly "Payment on Behalf" (PoB) notification and will then be added to the Board's baseline position in 2025/26. This adjustment will not require any additional bids to be submitted.
- Where a Board signals that the bid should be withdrawn, the unutilised funding will then be available in year for the Board to raise new bids.

This intervention provides flexibility to any Boards with limited funding available to consider if the unutilised recurrent bid remains a priority or whether funding needs to be diverted towards a new venture.

10. Stakeholder Engagement

Ongoing stakeholder engagement conversations around optimum strategic and effective use of Medical ACT funding will continue in 2024/25. The purpose of these meetings is to work collaboratively with Boards and Medical Programmes to support the necessary changes in policy. This will include reform of several key Medical ACT processes, including Measurement of Teaching. A summary of the 4th Stakeholder Engagement Meeting will be circulated to all Boards early in July 2024.

Part 2: Medical ACT Operational Information for 2024/25

The Medical ACT Allocation model

The principles driving the allocation model remain the same as for previous years. We have also continued to adopt an approach which minimises the impact on Boards of year-on-year changes to their allocations, except where additional funding is provided on the basis of specific increases to activity.

Stage 1 uses student numbers to derive a nominal amount to be allocated per student, which then feeds into Stage 2. At Stage 1 the basis for the student numbers is the Early Statistics Return from medical programmes within the first few months of an academic year to SFC. For 2024/25 the nominal amount allocated per student is £20,123. Further Scottish Government planned expansion of undergraduate medical programme places has been paused for 2024/25. Details of numbers gaining entry to specific programmes during 2024/25 are outlined in Table 1 below.

| Medical Schools | Aberdeen | Dundee | Edinburgh | Glasgow | St Andrews | ScotGEM | Total for allocation Model | HCP Yrs. 1-3 | Total |
|--|--------------|--------------|--------------|--------------|------------|------------|----------------------------|--------------|--------------|
| SFC 23/24 Actual students | 1269 | 1064 | 1397 | 1747 | 520 | 265 | 6262 | 79 | 6341 |
| Less Non Recurrent students | (8) | (25) | (25) | (36) | 0 | | (93) | | (93) |
| Actual student to be used in Model | 1,261 | 1,039 | 1,372 | 1,712 | 520 | 265 | 6,169 | 79 | 6,248 |
| Funded increase 24/25 | | | | | | | 0 | | |
| 19/20 (60) COMET/GPEP expansion | | | | | | | 0 | | 0 |
| 21/22 (155) General expansion | 26 | 24 | 33 | 47 | | | 130 | | 130 |
| 21/22 (10) Widening Access expansion | 2 | 2 | 2 | 2 | | | 8 | | 8 |
| 22/23 (25) GPEP expansion | 25 | | | | | | 25 | | 25 |
| 22/23 (30) Widening Access (25) General progra | 10 | 10 | 10 | 10 | 10 | | 50 | | 50 |
| 22/23 (5) HCP Med expansion | | | | | | | 0 | 10 | 10 |
| 22/23 (15) ScotGEM | | | | | | 15 | 15 | | 15 |
| 23/24 (75) General expansion | 15 | 15 | 15 | 15 | 15 | | 75 | | 75 |
| 23/24 (25) Widening Access expansion | 7 | 7 | 8 | 8 | (5) | | 25 | | 25 |
| St Andrews factor adjustment | | | | | (448) | | (448) | | (448) |
| Total Student for Medical ACT recurrent fundi | 1,346 | 1,097 | 1,440 | 1,794 | 92 | 280 | 6,049 | 89 | 6,138 |
| % of students for Model funding | 22.3% | 18.1% | 23.8% | 29.6% | 1.5% | 4.6% | 100.0% | | |

Stage 2 the actual costs incurred for GP teaching and for Travel and Subsistence costs are ringfenced for direct reimbursement as usual. Following this, the amount nominally allocated per medical programme has been distributed across Boards using the activity data provided by the Measurement of Teaching (MoT) exercise.

Stage 3 the information from Stage 2 is collated by Board to provide a total amount, following which NES Finance applies a smoothing process to minimise any variance from the previous year's recurrent baseline. Boards should note that where smoothing has been applied, this implies a change in activity has occurred and therefore NES Finance will have follow-up discussions to ensure stability in future years.

Medical ACT Funding Overview

The total Medical ACT funding available for distribution 2024/25 is £127m; this represents an increase of £8m from 2023/24 levels, of which £122m has been allocated via the allocation model.

Table 2 breaks down the component parts of the allocation with the increases compared to 2023/24.

| Medical ACT funding | Funding 2024/25 | Increase 2024/25 | Funding 2023/24 |
|--|---------------------|-------------------|---------------------|
| ACT baseline Prior Year | £84,328,928 | £0 | £84,328,928 |
| NES baseline inflation increase | | £0 | |
| 16/17 (50) Widening Access expansion | £4,875,000 | £0 | £4,875,000 |
| 21/22 (10) Widening Access expansion | £715,000 | £195,000 | £520,000 |
| 22/23 (30) Widening Access expansion | £1,560,000 | £585,000 | £975,000 |
| 23/24 (25) Widening Access expansion | £812,500 | £487,500 | £325,000 |
| 19/20 (60) COMET/GPEP expansion | £5,850,000 | £390,000 | £5,460,000 |
| 22/23 (25) GPEP expansion | £1,300,000 | £487,500 | £812,500 |
| 20/21 (25) HCP Med Expansion | £1,909,375 | £487,500 | £1,421,875 |
| 21/22 (155) General expansion | £11,082,500 | £3,022,500 | £8,060,000 |
| 22/23 (5) HCP Med Expansion | £195,000 | £73,125 | £121,875 |
| 22/23 (25) General expansion | £1,300,000 | £487,500 | £812,500 |
| 23/24 (75) General expansion | £2,437,500 | £1,462,500 | £975,000 |
| 18/19 (55) ScotGEM expansion | £4,345,000 | (£27,500) | £4,372,500 |
| 22/23 (15) ScotGEM expansion | £885,000 | £292,500 | £592,500 |
| Primary care increase* | £3,515,000 | £0 | £3,515,000 |
| Additional 115 non-recurrent intake (100 20/21 and 15 21/22) | £2,242,500 | £0 | £2,242,500 |
| Total Medical ACT Funding | £127,353,303 | £7,943,125 | £119,410,178 |
| Funding allocated outside the model | | | |
| 20/21 HCP Med Yrs. 1-3 funding | (£1,438,125) | (£219,375) | (£1,218,750) |
| Additional 115 non-recurrent intake | (£2,242,500) | £0 | (£2,242,500) |
| Funding reserved for national projects | (£1,944,373) | (£1,944,373) | |
| Total Medical ACT Funding inside the model | £121,728,304 | £5,779,377 | £115,948,928 |

A. ACT funding streams for 2024/25

The component parts of the Medical ACT funding in Table 2 above, are described below:

a. Medical ACT Funding to Support Widening Participation within Medical Programmes

Additional adjusted entry/contextualised admissions to medical programmes per annum have been supported by the Scottish Government since August 2016.

b. General Practice focused Medical School Places

- i) **COMET and GPEP:** These initiatives enter their 6th year in 2024/25 with an intake of 55 places per year at University of Aberdeen as part of the GP Enhanced Programme (GPEP), and University of Glasgow having an annual intake of 30 places per year as part of the COMET programme (Community Orientated Medical Experience Track).

- ii) **Edinburgh HCP-Med:** This 5-year graduate entry medical programme with a primary care focus is designed for established health care professionals and enters its 5th year in 2024/25. 35 places based at University of Edinburgh commenced in autumn 2023/24 within the Edinburgh HCP-Med programme with a similar number expected for 2024/25. Students are placed longitudinally within GP practices at an early stage of the programme, usually within their own Health Board area, to allow them to continue to work and study simultaneously. The programme is funded at 75% for Years 1 and 2 as these years are part-time and 100% for year 3 onwards.

c. Primary Care Funding

- The funding for GP Category A placement teaching remains at £85 per student per session (with a maximum amount of £255 for 3 or more students).
- NES continues to work with the Scottish Government to ensure that the increase in primary care activity is appropriately resourced and does not impact negatively on the remainder of the Medical ACT budget, to avoid a negative impact on the availability of Medical ACT funding to support secondary care teaching. As part of this exercise, Regional ACT Working Groups will be asked to formally report on Primary Care budgets during 2024/25 and beyond.

B. Other Factors influencing the model: Ring Fenced allocations

- Within Stage 2 we have continued to ring-fence GP ACT costs along with student travel, accommodation and subsistence costs, all of which are on a regional basis.
- A review of travel, accommodation costs is planned by NES during 2024/25

C. Approval of Additional Allocations Funding

The detailed funding position of individual Boards are shown in the attached tables.

- No Board has received an overall reduction in allocation which would bring them below their recurrent baseline position. Boards should continue to review all existing Medical ACT expenditure to ensure it remains a priority and represents best value for money.
- If NHS Boards decide to stop funding any existing ACT activities in 2024/25, this should be notified in advance to the relevant Medical Programme(s) and to NES through the Regional ACT Working Group.
- Any Board in receipt of an increased allocation in 2024/25 compared to the 2023/24 baseline allocation is required to follow the Medical ACT bid process to release additional funding.
- Responsibility for the review and recommendations of bids rests with the Regional ACT Working Groups, subject to confirmation by NES that the principles on appropriate use of Medical ACT have been followed.

D. Principles for the Use of Medical ACT Funds to Support Capital Expenditure

Medical ACT funding may be used to support the capital funding of proposals within NHS Boards – these are usually associated with either equipment or estates. Expenditure is classed as capital where it has a long-term benefit, and the initial purchase value is greater than £5,000. The main characteristic of such funding is that the assets involved may be used repeatedly over a long time period.

Given that the NES budget is received as revenue only, use of Medical ACT funding in this way requires a revenue to capital transfer at Board level.

Process for seeking support from Medical ACT for Capital Expenditure

- Prior to submission to Regional ACT working groups, all proposals for capital funding that involve estates should be discussed via a Board internal governance route as part of the Board's capital planning process.
- Agreement in principle can be sought from both parties around the use of capital expenditure to ensure timely review of proposals.
- All proposals should be in keeping with the appropriate use of Medical ACT funds.
- Medical students in Primary Medical Qualification (PMQ) programmes should be the main beneficiaries of any proposal for capital expenditure.
- Capital funding proposals should be submitted to the appropriate regional ACT working group for discussion in the usual way, as for all other bids.
- Any overspend, depreciation or running costs remain the responsibility of the Board and not Medical ACT.

- Maintenance or replacement costs can be submitted for consideration as a new bid against Medical ACT in future years, based on the ongoing use of the asset to support undergraduate education.
- The revenue to capital transfer required upon approval of a bid should be agreed by Board finance teams (as all Medical ACT is received as Revenue and NES does not receive an annual Capital Allocation).
- NES is now able to request revenue to capital transfers with Scottish government for significant capital build projects. If a Board requires NES to facilitate a transfer this should be made clear at the time of the bid. Standard practice remains that Boards are responsible for capital transfers.
- Capital expenditure should be reported separately within the Board's annual Accountability Report.

E. Use of Medical ACT to Upgrade Existing Facilities

- The facilities should usually be owned or leased by the Health Board, or subject to an SLA or contract for facilities (e.g. accommodation) provision.
- Eligible items for upgrade may include furniture, soft furnishings, white goods, or Wi-Fi connectivity. These items can be grouped as capital assets as part of a refurbishment project.

F. Management of Slippage

Sometimes the estimated cost for an item or activity within a bid may change from the originally agreed amount. This may be caused by factors such as increased costs, a delay in the recruitment process or other delays in implementing a project. This has two main consequences:

- An increase in funding may be required from Medical ACT; if so this should be discussed at RAWG level and submitted as an additional bid. The new bid should include the Medical ACT App bid number for the original proposal.
- There may be surplus funding (slippage) where the cost for an item or activity is below the amount of funding requested.

If the slippage amount is known at the time of the bid, it should be reflected in the bid submission. If slippage is recognised after bid is approved, then this should be notified to NES and reported on the next Regional ACT Working Group. Slippage funding may then be released to allow the Board to make further bids.

Health Boards are responsible for identifying any in-year slippage associated with their Medical ACT funding. If the slippage identified can be used by the Board, discussion of proposals to utilise this should occur at a local ACT group (or similar local education meeting). Written proposals should then be submitted to the appropriate Regional ACT Working Group.

If there are still available funds, the amount of slippage available should be notified to NES annually by the end of September. Proposals from all Boards will then be considered for use of slippage.

G. Discretionary Fund

Following feedback from stakeholders, NES will offer Boards an option to have available a Discretionary Fund up to a total value of £5k and dependent on available Board funding. This is intended to support timely purchase of non-recurrent small value items, without the need to submit a formal bid via the Medical ACT Bids App.

Key criteria for use of this fund are outlined below:

- The value of an individual item should not exceed £1000 and combined items should not exceed £5000.
- Each item purchased should have full details recorded including name, bids category, intended use, Board location and full breakdown of cost.
- Boards should notify NES if they intend to reserve “funding available bids” for a discretionary fund, emailing nes.medicalact@nhs.scot.
- All payments for the spend to date will be transferred from NES via the next available PoB.
- A list of all items for discretionary funding by the Board should be added to the agenda for each RAWG meeting.
- A full summary of all discretionary spending for each Board will also be included in their Annual Accountability Report: NES will pre-populate known information to assist with this obligation.
- A discretionary funding option will remain available to Boards until 31st December of the financial year, after which formal bids using the Bids App will be required until the next funding cycle begins.
- If a Board uses up its entire Discretionary Fund before 31st December, but still has sufficient budget left, it will be possible to apply to NES for release of a further £5k, assuming that no constraints around discretionary spending have been imposed by Scottish Government.

Appendix A The Medical ACT Bids Cycle

DECEMBER - MARCH
Boards can submit bids for the following financial year.
These will be subject to additional allocation amounts being confirmed



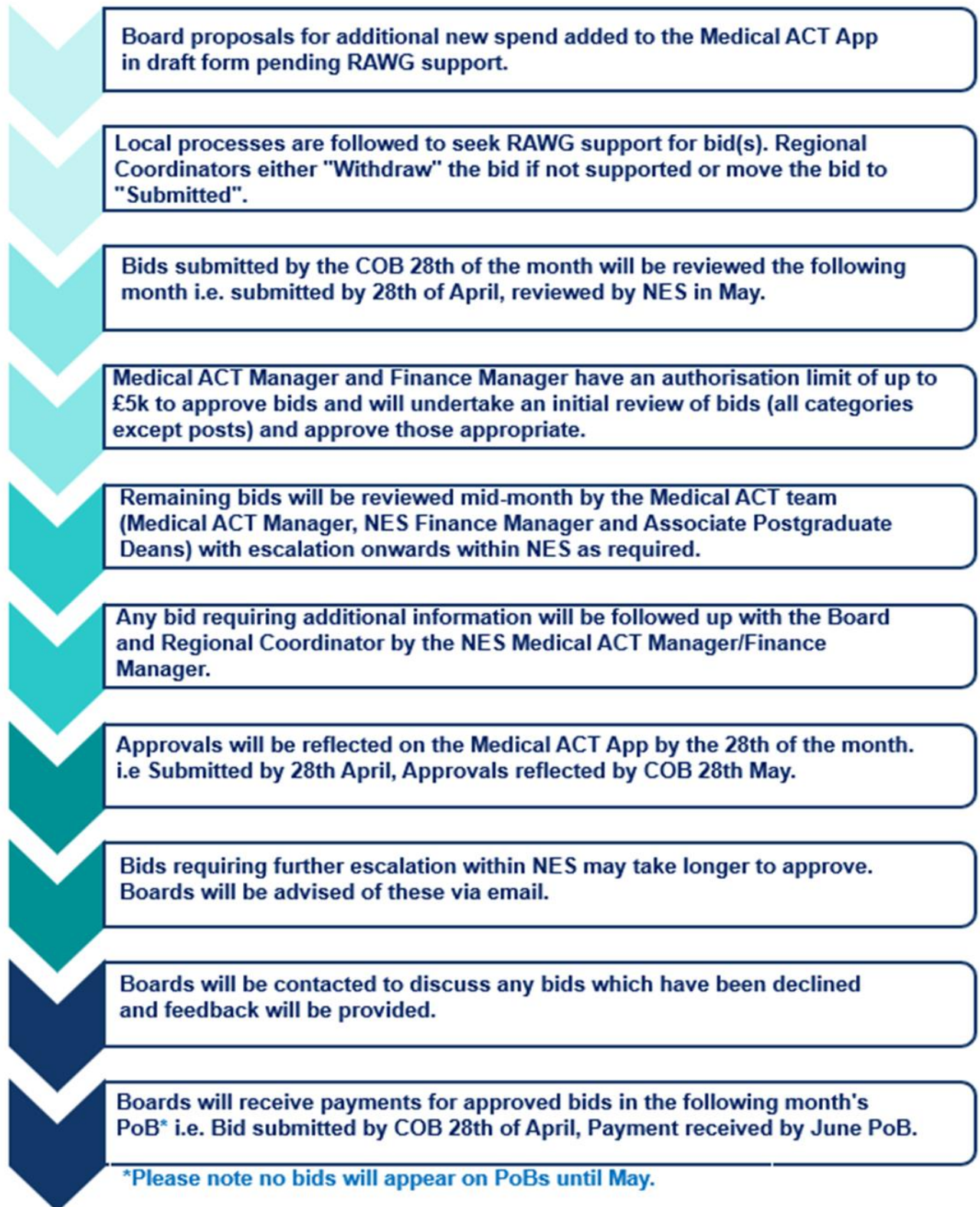
APRIL - OCTOBER
Boards can submit bids utilising their funding available for bids.
Bids can exceed a Board's initial allocation if funding is made available by other Boards within the region

Please note the timeline for the Strategic Development Fund bids will be added once confirmed

NOVEMBER- UNTIL NOTIFIED
Any Board can submit bids to use any in year unutilised funding.
(recurrent bids must remain within the Boards initial allocation)

Note – 31/10/24 is the last date to submit bids for phase 2.

Appendix B Medical ACT Process



Appendix C Agenda for Change Pay Scales

When submitting a Medical ACT bid, the midpoint of Agenda for Change pay scale should be used.

| Mid Point including on costs 2024/25 | |
|---|----------|
| Band 1 | |
| Band 2 | £33,321 |
| Band 3 | £36,208 |
| Band 4 | £39,660 |
| Band 5 | £42,769 |
| Band 6 | £52,580 |
| Band 7 | £64,182 |
| Band 8 A | £76,424 |
| Band 8 B | £90,454 |
| Band 8 C | £107,056 |
| Band 8 D | £127,336 |
| Band 9 | £150,848 |

Appendix D Allocation of NHS Boards to Regional Groups

North Regional ACT Working Group

NHS Grampian
 NHS Highland
 NHS Orkney
 NHS Shetland
 NHS Western Isles
 Aberdeen Medical School (including GP Enhanced Programme)

St Andrews Regional ACT Working Group

NHS Fife
 Scottish Ambulance Service
 St Andrews Medical School

Dundee Regional ACT Working Group

NHS Tayside
 Dundee Medical School

Edinburgh Regional ACT Working Group

NHS Borders
NHS Lothian
NSS (SNBTS)
State Hospital
Edinburgh Medical School (including Edinburgh HCP-Med)

West of Scotland Regional ACT Working Group

NHS Ayrshire and Arran
NHS Dumfries and Galloway
NHS Forth Valley
NHS Greater Glasgow and Clyde
NHS Lanarkshire
NHS National Waiting Times Centre (formerly Golden Jubilee Hospital)
Glasgow Medical School (includes COMET)

ScotGEM Regional ACT Working Group

NHS Dumfries and Galloway
NHS Fife
NHS Highland
NHS Tayside
Dundee Medical School
St Andrews Medical School