

2025/26 GMS contract outline

These are the key headlines from the 25-26 GP contract changes:

- **£969 million new investment uplift** – comprises £889m additional core contract funding and £80m for use of e-RS advice and guidance between GPs and consultants.
- This investment is on top of the £433m added to the contract during autumn last year.
- Enhancement of ARRS, with GPs and practice nurses added in to the main scheme, minimum GP salary and on-cost reimbursement increased in line with the BMA salaried GP pay range and with no caps on numbers
- Enhanced service for ‘pre-referral’ advice and guidance with a £20 item of service fee payment per request by GPs
- Restoration / uplift of SFE payments (sickness/parental leave cover) in line with 2025-26 real-terms values (compared to 2018/19), including locum reimbursements and childhood vaccination payments.
- Changes to requirements for patient online e-consultation access to general practice from October 2025

Funding

Global Sum

In total it's estimated Global Sum per weighted patient will rise to £121.90.

SFE payments

Locum reimbursement amounts will increase by between 15.9 and 17.1%, to take into account DDRB increases over recent years.

Item of service fees for childhood immunisations will be uplifted by £2 to £12.06. This includes all childhood routine vaccinations set out within Table 1 of the SFE, plus Hepatitis B immunisations at birth/four weeks and 12 months and MMR for those 6 and over.

The Item of Service payments for all other vaccination remain the same.

QOF

The 32 indicators (worth 212 points) that were temporarily frozen for 2024/25 will be permanently retired. The funding for these will be split across the Global Sum and additional funding for a renewed focus on the 9 CVD QOF indicators. 141 points will be added to the nine CVD indicators (totalling an additional £198m). Alongside this the upper thresholds for these indicators will be increased, whilst the lower thresholds remain the same.

IT & Digital

Online Access to general practice

A new requirement will begin from 1 October 2025 for practices to allow patients to submit routine, non-urgent appointment requests, medication queries and admin requests via online consultation tools during core hours.

This will be subject to necessary safeguards being in place to avoid urgent clinical requests being erroneously submitted online. GPC England and the Joint GP IT Committee (JGPIT) will work with NHS England on the design and implementation of this over the coming months.

GP Connect (Update Record)

From October registered pharmacy professionals will have access to patient records via GP Connect (Update Record).

Other NHS providers and private providers (where patients have provided explicit consent) will be limited to read only access for the purposes of direct patient care.

GPCE will work with NHS England to determine exactly which providers will be included.

PCNs and ARRS

ARRS

The GP ARRS scheme, announced in the summer of 2024, will be amalgamated with the main ARRS, alongside requisite additional funding.

The reimbursable amount for GPs employed under the scheme will be increased by £9,305 to £82,418 (plus on costs), in line with the BMA recommended pay range for salaried GPs. There will be no cap on the number of GPs that can be engaged under the scheme, although it will continue to be limited to those within 2 years of their CCT date and have not been previously substantively employed as a GP in general practice.

Practice nurses will also be added to the ARRS scheme, provided that they have not held a post within the PCN, or its member practices, within the last 12 months

There will be a joint review on the future of the ARRS through 2025/26.

PCN Capacity and Access funding

The Capacity and Access Improvement Payment (CAIP) will be split into two parts. One will continue to focus on access (worth £58.4m) while one will be repurposed to focus on using intelligence from population health risk stratification tools (worth £29.2m) to risk stratify their patients in accordance with need- including to identify those that would benefit most from continuity of care

Vaccinations and Immunisations

In addition to the changes to the Item of Service (IoS) fee for routine childhood vaccinations described, there will also be the following changes in 25/26, in line with recommendations by The Joint Committee on Vaccination and Immunisations:

- two changes to the childhood vaccination schedule, necessitated by the discontinuation of the Menitorix (Hib/MenC) vaccine,
- the exchange of MenB and PCV vaccines within the childhood schedule (subject to final ministerial agreement) – to note this a change from our original proposal, reflecting a late recommendation from JCVI, but is a workload-neutral change.
- a change to the adult shingles programme, reflecting new evidence on the effectiveness of the vaccination for a broader severely Immunosuppressed (SIS) cohorts
- the potential introduction of a varicella vaccine, subject to final agreement, and;
- an amendment to the requirement to record the dried blood spot test for at risk babies, allowing that recording to take place between 12 and 18 months.
- changes to the SFE to address inconsistencies in treatment of patients that move practice as set out in paragraphs 15-17 of annex F of the proposals shared with GPCE on 20 December 2024. This will be consistent with the ‘swings and roundabouts’ approach to payments for departing patients taken elsewhere in the GP contract.

Advice and Guidance Enhanced Service

An Enhanced Service specification for Advice and Guidance will be agreed. This will provide a £20 Item of Service fee (IoS) per ‘pre-referral’ A&G request. ICBs will receive funding according to activity delivered so they are not incentivised to withhold it from general practice, with capped spend per ICB.

As part of this local systems will be required to review the availability of secondary care advice channels and the impact on GPs will be reviewed during Spring 2025