GP Contract Agreement 2025/26

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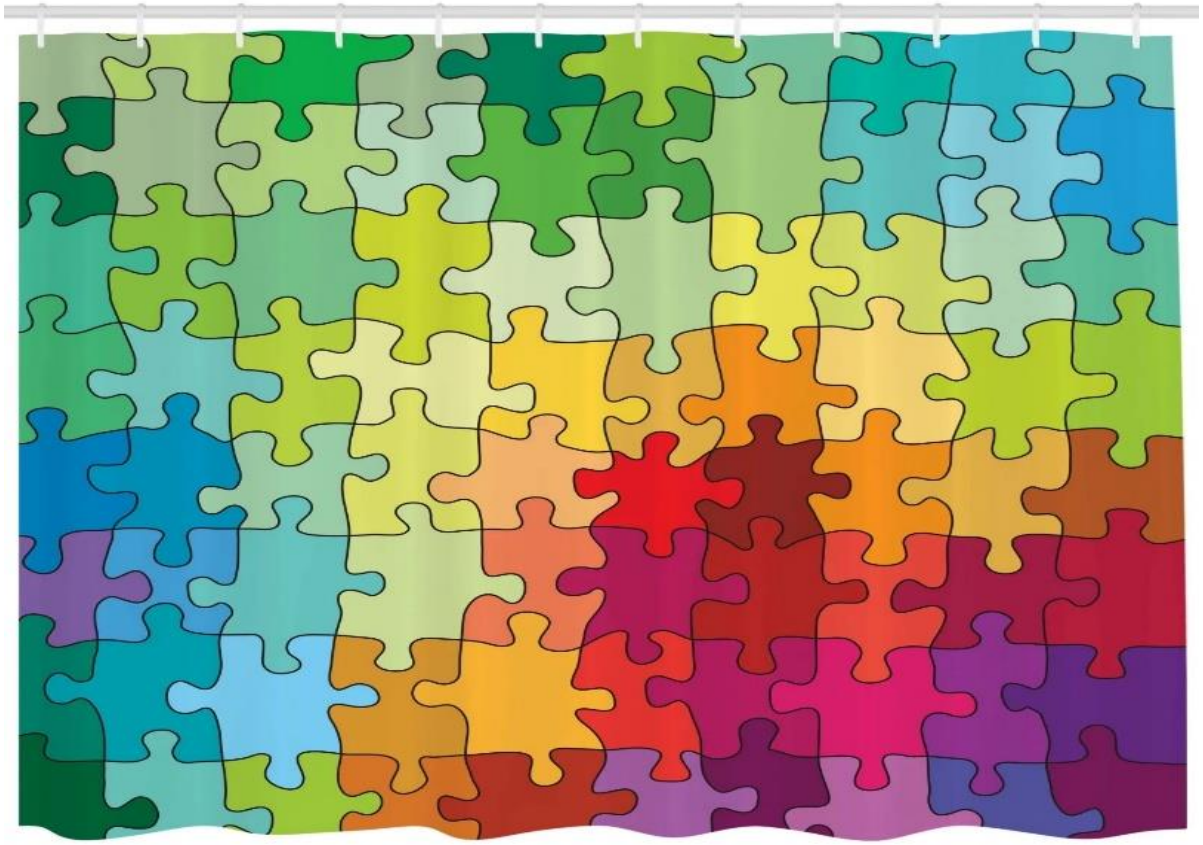
Deputy Chair GPC England

Putting the pieces together



- Contract
- QOF
- AARS Scheme (including CAIP)
- Vaccination & Immunisation
- SFE
- Advice & Guidance
- GP Connect/Online
- Weight Management/IIF
- Regulatory Changes
- Patient Charter
- Patient Safety Strategy
- GP Contract Negotiation [GMS 2]
- Collective Action & Local Collective Action
- NHS England and ICBs

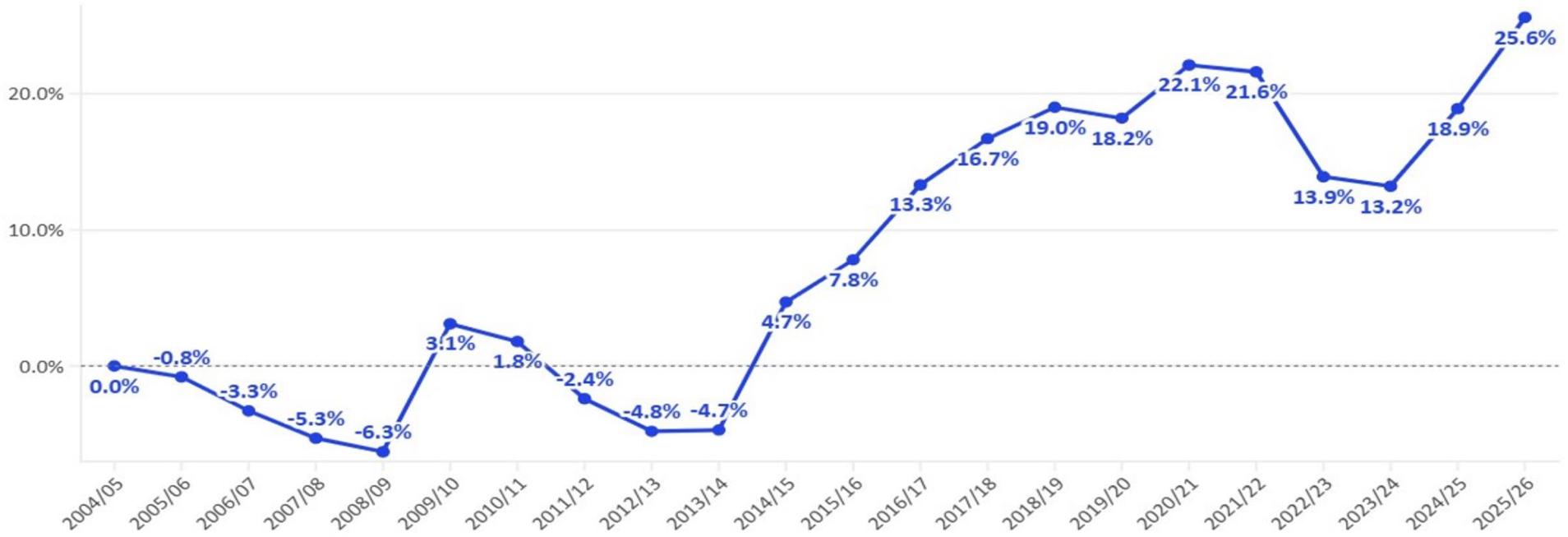
GP Contract Finance

- Overall Contract uplift [including both the Primary Medical Services (GMS/PMS) and PCN DES] of £889 million [7.2%]
- Contract value rises from £12,287 m to £13,176m
- Additional £80million to support an Advice and Guidance Enhanced Service within General Practice
- Global Sum in 2025/26 will be £121.79, representing an uplift of £9.29 [8.26%] from £112.50 in 2024/25
- OOHs deduction remains at 4.75%, representing £5.78

Global Sum payments: real-terms trend

Changes in GS payments per weighted patient since 2004/05, adjusted for CPI inflation*

NOTE: CONFIDENTIAL AND PROVISIONAL, PENDING CONFIRMATION OF FINER DETAILS



Source: BMA analysis of General Medical Services Statement of Financial Entitlements Directions (various years), OBR CPI inflation data (October 2024)
*OBR financial year average indices

BMA

Total 2025/26 GP contract changes

Total: £1,069mn

Consisting of: £889mn announced new funding, £80mn new funding for A&G, and £100mn transferred from QoF

Updated on 05/03/2025 following final confirmation of figures.

Total 2025/26 GP Contract Changes

- Global Sum uplift £743 million
- GP in ARRS £174 million (including to fund transfer of GPs within ARRS for full year)
- Advice and Guidance £80 million
- Vaccination IoS uplifts £18 million
- PCN workforce £41 million (“business pressures” within ARRS, mostly focused on Enhanced Access appointments)
- SFE reimbursement £13 million

QOF I

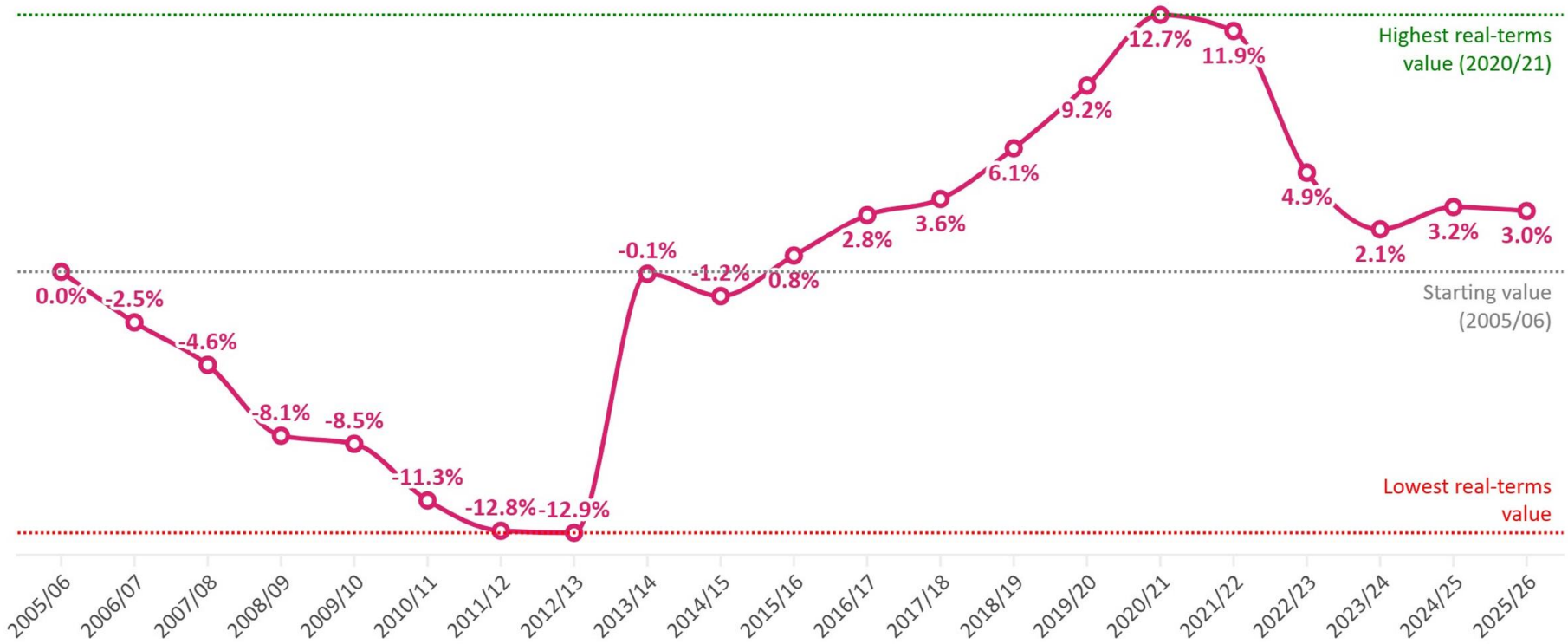
- The 32 QOF indicators which were income protected in 2024/25 will be permanently retired.
- This represents 212 QOF points worth approximately £298 million (in 2025/26) of which:
  - 71 will be removed, releasing £100 million to directly support Contract funding
  - The remaining 141 will be distributed proportionately across nine CVD prevention indicators [CHOL003, CHOL004, HYP008, HYP009, STIA014, STIA015, CHD015, CHD016, DM036* *DM036 replaces DM033]

QOF II

- Upper achievement thresholds for the nine increased value CVD indicators will rise
- Lower thresholds will remain unchanged
- Modelling demonstrates:
  - Financial impact of changed thresholds highest in more affluent quintiles
  - Total impact of £50 million on 2023/24 QOF achievement, but based on Qs 1 – 3 achievement data from 2024/25 this estimate has halved during the current financial year
- Retired QOF indicator data will still be extracted but stored separately, with a disclaimer to avoid unfair use

QoF payments: real-terms trend

Annual % change in QoF point value, adjusted for CPI inflation*



Source: BMA analysis of General Medical Services Statement of Financial Entitlements Directions (various years), OBR CPI inflation data (October 2024) • After the first year (2004/05), the value of a QoF point was significantly increased, so this year is not included in this time series.
*OBR financial year average indices

CVD Indicators		2024/25			2025/26		
ID	Description	Lower threshold	Upper threshold	QOF points	Lower threshold	Upper threshold	QOF points
CHOL003	Percentage of patients on the QOF Coronary Heart Disease (CHD), Peripheral Arterial Disease (PAD), Stroke/Transient Ischaemic Attack (TIA) or Chronic Kidney Disease (CKD) Register who are currently prescribed a statin, or where a statin is declined or clinically unsuitable, another lipid-lowering therapy	70%	95%	14	70%	95%	38
CHOL004	Percentage of patients on the QOF Coronary Heart Disease (CHD), Peripheral Arterial Disease (PAD), or Stroke/Transient Ischaemic Attack (TIA) Register, with the most recent cholesterol measurement in the preceding 12 months, showing as ≤ 2.0 mmol/L if it was an LDL (Low-density Lipoprotein) cholesterol reading or ≤ 2.6 mmol/L if it was a non- HDL (High-density Lipoprotein) cholesterol reading. For multiple readings on the latest date the LDL reading takes priority.	20%	35%	16	20%	50%	44
HYP008	The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (or equivalent home blood pressure reading)	40%	77%	14	40%	85%	38
HYP009	The percentage of patients aged 80 years or over, with hypertension, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less, (or equivalent home blood pressure reading)	40%	80%	5	40%	85%	14
STIA014	The percentage of patients aged 79 years or under, with a history of stroke or TIA, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (or equivalent home blood pressure reading)	40%	73%	3	40%	90%	8
STIA015	The percentage of patients aged 80 years or over, with a history of stroke or TIA, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less, (or equivalent home blood pressure reading)	46%	86%	2	46%	90%	6
CHD015	The percentage of patients aged 79 years or under, with coronary heart disease, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less, (or equivalent home blood pressure reading)	40%	77%	12	40%	90%	33
CHD016	The percentage of patients aged 80 years or over, with coronary heart disease, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less, (or equivalent home blood pressure reading)	46%	86%	5	46%	90%	14
DM0362	The percentage of patients with diabetes, on the register, aged 79 years and under without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (or equivalent home blood pressure reading)	38%	78%	10	38%	90%	27

ARRS I
GP in ARRS Arrangements

- Continue funding the 2024/25 GP ARRS for a full year in 2025/26 with cost pressure uplifts [£174million]
- Amalgamate GP in ARRS funding pot
- No cap on any recruitment roles
- Recruitment eligibility criteria:
  - GPs remains unchanged [GPs who have obtained CCT in the last 2 years at point of recruitment] and not been previously substantively employed as a GP in General Practice
  - Practice Nurses who have not held a substantive role within the recruiting PCN, or its member practices, in the previous 12 month
- Lowest salary range rises to £82418
- London Weighting will apply if applicable

Capacity and Access Improvement Payment

- Capacity and Access Support Payment total payment (£292 million) and payment arrangements remain unchanged
- Total payment (£97.6 million) unchanged
- Split into only two domains
  - Focus on access (£58.4 million)
  - Focus on risk stratification (£29.2 million) to identify those who will most benefit from continuity of care (a population health tool management risk stratification)

Vaccination and Immunisation Item of Service (IoS) fees I

- IoS will rise from current £10.06 to £12.06 (19.88%) for:
  - All SFE Table 1 vaccinations [the routine childhood immunisation schedule]
  - Hepatitis B for newborn/infants (table 3)
  - MMR for 6+ (table 4)

- The IoS fee will remain at £10.06 for:
  - Routine Adult schedules (table 2) that is, pneumococcus and shingles
  - Selective Immunisations (table 3) [except Hepatitis B] that is, pertussis during pregnancy
  - Table 4 immunisations (except MMR 6+) that is, Meningococcal ACWY catch up, HPV catch up

Vaccinations and Immunisations

- Implementation during 2025/26 of Joint Committee on Vaccination and Immunisations [JCVI] recommendations that:
  - Alter the immunisation schedule because of the retirement of Menitorix [Hib/MenC] vaccines
  - Exchange of Men B and PCV
  - Change to the adult shingles programme
- Potential introduction of a varicella vaccine as part of the routine childhood schedule
- Record of the dried blood spot test for at risk babies between 12 – 18 months
- SFE adjustment for patients who change practices [“swings and roundabouts” payment arrangements]

IoS Fees II

- No change in Section 20 Vaccines and Immunisations paid under Global Sum
- That are either required/not required for foreign travel
- Localised outbreak arrangements
- Seasonal Covid and Influenza Enhanced Service arrangements, commissioned annually
- NHS England refused to agree to parental dissent being allowable as a PCA for QOF childhood immunisation targets

Statement of Financial Entitlements (SFE) reimbursements

- An uplift of SFE leave reimbursements to cover for:
  - Parental
  - Sickness
  - Study absence
  - Suspension
- After a 6% rise in 2024/25, the rates will rise to reflect previous DDRB Awards since 2018/19
- This will result in increases of 15.9 to 17.1%
- Final figures will be circulated, but the most commonly used uplift [sickness/parental leave after two weeks] will rise to £2151.96

Advice & Guidance [A&G]

- Will be introduced as an Enhanced Service
- To support “high quality pre-referral” A&G requests in 2025/26
- £20 IoS fee per A&G request
- Likely to be GP request and Consultant response
- Work up of implementation of scheme with ICBs and LMCs
- May not cover all specialities at least initially
- Payment represents an administrative fee for the advice request, not any workload relating to the “guidance”

GP Connect

From 1st October 2025

- Community Pharmacy professionals to send consultation summaries into GP practice workflow [GP Connect Update Record]
- Read only access to patients care records for the purpose of direct patient care for:
  - Other NHS Commissioned providers
  - Providers of private healthcare [with explicit consent from patients to view]
- A list of included providers will be agreed
- Liability of data controllers to data breaches: inclusion in CNSGP to be discussed

On-Line Access

- From 1st October 2025
- On-line consultation tool open during core hours for:
  - Non urgent appointment requests
  - Medication queries
  - Administrative requests
- Requires JGPIT Committee arrangements to be agreed over the next six months
- Proposal envisages diversion of self-identified urgent clinical issues
- Indemnity issues have been raised

Other Services

IIF

- Will continue for 2025/26
- Financial arrangements and Indicators remain unchanged

Weight Management Enhanced Service

- Will continue for 2025/26
- Financial arrangements remain unchanged
- Ring fenced funding allocation of £7.2 million and fee per referral of £11.50

Regulatory Changes I

- **Dissolution of Partnerships**: if no clear successor when a partnership dissolves
- **Violent Patients:** no refusal to register/deregister unless immediately removed from their previous practice
- **Adjustment to Global Sum**: for Care Home patients only if a CQC registered nursing/home bed
- **Dispensing Payments:** High volume claims via a new digital portal, as alternative to current postal option
- **Reduced timeframe for deregistration:** from 6 to 3 months when patient is no longer known
- Digital [as opposed to writing] to **patients moving from practice area** to ask them to confirm continuing inclusion on GPs list or to reregister with another practice

Regulatory Changes II
Out of Area (OOA) Registered Patients

- NHS England wish to limit expansion pf practices registering OOA patients
- Will do so by creating a threshold (the proportion of OOA patients relative to the practice's total list size) to be agreed by Commissioner in consultation with the LMC
- A patients practice list is then closed to new OOA registrations until Commissioners agrees
- Aim is to balance patient choice with assurance of OOA's patients can safely access primary medical services

Patient Charter

- Guidance document for patients
- Aim of “improving transparency”
- Patient Group testing phase will be undertaken in shared way with GPC England
- Practices must have a link to the Charter on their Website

Patient Safety Strategy

- Practices must register for an administrator account with the Learn From Patient Safety Events [LFPSE] service
- Record patient safety events at the practice via this service
- Record the practices concerns about safety events occurring in other healthcare settings
- Copy of submitted record available for the practitioner's appraisal and revalidation

GP Contract Negotiation [GMS 2]

- Commitment to renegotiation of National GP Contract within lifetime of this Parliament
- Recognise there will be inevitable cynicism and doubt from professional colleagues
- Review of 2004 nGMS arrangements including financial support from GPDF
- Review of ‘Red Book’ arrangements

Department of Health & Social Care

From the Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care

39 Victoria Street
London
SW1H 0EU

18 March 2025

Dear Katie,

Thank you for your letter, and your reflections on the changes the Prime Minister and I announced last week. As you've said, bringing NHS England back into the department and creating a leaner centre presents an opportunity to empower local leaders and systems so they can deliver better for their local communities.

I want to take the chance to reiterate my appreciation to you and your team for the collaborative and constructive way in which you all engaged in the recent contract consultation. I am extremely pleased that we were able to reach a deal for the first time in four years that will improve patient care, support practices and reduce bureaucracy for GPs.

I value the dedication of the GPC England and recognise the importance of constructive engagement in shaping the future of general practice. Ahead of Wednesday's special conference of England LMCs, I am happy to reaffirm this government's commitment to working with the GPC England to secure a new substantive GP contract within this Parliament, without preconditions, based on collaborative work, and in the spirit of mutual trust and good faith.

We remain committed to fixing the front door of the NHS, building on the progress to date to deliver meaningful reform to establish a modern general practice at the heart of a neighbourhood health service.

The Department and I look forward to working with you and your colleagues over the coming months to consider how we can achieve this shared ambition.

Yours sincerely,

Wes Streeting

GMS 2

- Will be comprehensive survey of the profession to determine priorities for the future, but at this stage GMS2 will include:
  - Independent Contractor status with a Partnership Model
  - Registered Patient List
  - A form of Essential Services

Collective Action

- GPC England acceptance of 2025/26 Contract Agreement GPC England is no longer in dispute with Government
- Some messages suited for a particular audience [“one man in his time plays many parts”]
- Elements of the Collective Action menu will need reconfiguring following the 2025/26 Contract, such as:
  - Advice and Guidance
  - GP Connect Access
- Local Collective Action continues

Local Collective Action

- BMA Safe Working Guidance : **Safe for patients: safe for your profession: safe for General Practitioners**
- Appropriate resourcing of locally commissioned services and incentive schemes including giving notice on, and withdrawing from, unfunded and underfunded commissioning arrangements
- Withdrawal from inappropriate workload transfer

NHS England and ICBs

- NHS England formed in 2013, is to be abolished, and its functions subsumed into the DHSC
- Current headcount approximately NHSE 13K DHSC 3K
- ICBs, having just seen a 30% headcount, must make a further 50% reduction
- What ICBs do and how they work with local General Practice, will have to change
- These are all political decisions

Any Questions?