

GP Contract 2026/27

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Contract Uplift

- Net uplift 2026/27
 - Practice Contract £416 million
 - PCN DES £69 million
- Represents a 3.6% increase
- Pay assumption 2.5% based on DHSC DDRB submission
- Provisional because:
 - DDRB recommendation, and Government response to it, is awaited
 - AfC announced uplift 3.3% will apply to ARRS roles
- This subsequent uplift increased the overall contract value by £122 million in 2025/26

New and Transferred Practice Funding

- **New Funding**

- £260 million uplift to Global Sum
- £30 million uplift to QOF
- £121 million list growth
- £11 million SFE locum reimbursement

- **Transfer**

- £292 million being transferred from PCN DES Capacity and Access Payment to practice-based reimbursement scheme
- £82 million from retired Advice and Guidance Enhanced Service to Global Sum

- **Loss**

- £7 million from retired Weight Management Enhanced Service

New and Transferred PCN Funding

- **New Funding**
 - £69 million uplift (ARRS allocation, Enhanced Access, PCN Leadership funding)
- **Transferred Funding**
 - £292 million transferred to Practice based Reimbursement Scheme from the PCN DES Capacity and Access Payment

Individual Key Contract figures

- Global Sum will rise to £128.69, an increase of £5.35 (4.3% uplift)
- OOHs deduction falls from 4.75% to 4.7% as Advice and Guidance funding (equivalent to £1.28 ppwp in Global Sum) excluded from the OOHs deduction
- OOHs deduction increases from £5.86 to £6.05 (£0.19p)
- QOF point value will rise from £225.49 to £227.95, an increase of £2.46 (1.1%) following the change in the Contractor Population Index

Statement of Financial Entitlements (SFE)

- SFE reimbursements for sickness, parental, study and suspension leave will rise by 2.5% with a potential post-DDRB further uplift

PCN DES Arrangements

- Capacity and Access Payments (comprising both CASP (Capacity and Access Support Payment) and CAIP (Capacity and Access Improvement Payment) removed from PCN DES
- £292 million released will support a practice-level GP reimbursement scheme, for either:
 - engaging additional GPs
 - funding additional sessions from current GPs
- Practices with high patient to GP ratios (>3000) will need to engage with ICBs to access this funding
- Details of reimbursement arrangements are awaited, and are unlikely to be within the SFE (Statement of Financial Entitlements) before May 2026
- First transfer of PCN DES to practice funding since inception of PCN DES

ARRS (Additional Roles Reimbursement Scheme)

- Restriction of recruitment of GPs to within two years post certification is removed
- Maximum reimbursement salary claimable rises to upper quartile of Salaried GP pay range (plus employment on-costs)
- No change in funding allocation flexibility; remains at discretion of PCN member practices

Navigating these new arrangements

- PCN/member practices should review current spend related to CAP
- If this supports or supplements GP costs, then:
 - Practice based reimbursement arrangements should be substitutable
 - Increased ARRS claims can be made
- If this supports other clinicians, this does create a cost pressure for PCNs/practices
- PCNs/Practices should only undertake services that are funded by PCN DES income streams

PCN Continuity of Care (risk stratification of patient cohorts)

- This will be a PCN requirement – to identify and prioritise cohorts for continuity of care using risk stratification tools
- Although NHSE/DHSC reflected that GPCE strongly supported continuity of care as a key part of both clinical outcomes and patient experience, they did not explain how PCNs or member practices would have the capacity to move from an identification process to delivery of care

PCN DES Cancer requirements

- Aligning referral quality against NICE Guidelines (NG12)
- Standardising safety-netting
- Proactively identifying and supporting eligible patients to engage with cancer and non-cancer screening programmes
- Engaging with local Cancer Alliance colleagues

PCN Vaccination requirements for Care Homes

- PCNs to ensure eligible older adult care, home residents are:
 - identified and,
 - offered seasonal and routine vaccinations in line with national recommendations
- PCNs not responsible to delivering vaccinations (unless subcontracted to do so)
- Note recent LMC advice in relation to this following updated Seasonal Vaccination Provider Guidance, whilst this NHS England advice is being tested

PCNs and Neighbourhoods

- PCNs are required to work collaboratively with their ICB to achieve “*greater alignment between the PCN registered list, and the neighbourhood*” where a neighbourhood is defined that doesn’t match current PCN geography
- “*This change is not intended to signal widespread reconfiguration of PCNs*”
- Uncertain how significant this will be for 2026/27 given delay in neighbourhood contracting models

QOF

- Updating childhood vaccination indicators to reflect introduction of MMRV vaccine
- Introducing a new diabetes indicator requiring delivery of all eight NICE recommended care processes
- Two new obesity related indicators to support patient referral into structured weight management and medicine optimisation programmes; as part of this the Weight Management Enhanced Service will be retired
- Updating Heart Failure indicators to reflect NICE recommended “four pillars” of treatment
- Some streamlining and simplification of existing indicator specification
- Additional 18 QOF points (representing approximately £25 million)
- This is likely to represent a significant workload

QOF childhood vaccination

- QOF current thresholds remain unchanged
- Alternative points allocation, depending on which is higher, either:
 - points based on existing achievement thresholds, or
 - points based on a sliding scale of improvement from baseline
- Total number of points for each indicator are unchanged
- Improvement thresholds from baseline proposed for 2026/27:
 - V1001 5-18 percentage points
 - V1002 5-23 percentage points
 - V1003 5-30 percentage points
- Not able to negotiate either loss of QOF childhood vaccination indicators PCA for parental dissent, or uplift in IOS fees

Advice and Guidance Enhanced Service

- The Advice and Guidance Enhanced Service is being retired
- Funding (£82million) is being transferred to Global Sum
- Advice and Guidance has shown clear value in “supporting timely specialist input and reducing unnecessary referrals”
- Practices should:
 - use Advice and Guidance in place of a planned care referral where clinically appropriate
 - follow locally agreed referral pathways (including Single Point of Access SPOA) if or when introduced
- LMC will not agree to “locally agreed referral pathways” that do not allow direct planned care referrals

Access I

- Online consultations systems must not cap the number of requests submitted during the day
- This is framed as already being within the Regulations, but is being made more explicit
- Requests determined to be clinically urgent (by a GP or appropriately trained professional) must receive a same day response

Access II

- The LMC would suggest the following approach
 - If a request is agreed (by the GP) to be urgent
 - The patient will receive a same day response
 - Therefore, only patients who receive a same day response
 - Have clinically urgent request
- Notwithstanding this, there is a significant risk of workload creep and patients who have urgent clinical issues can still be signposted to other appropriate services which will meet their needs

Access III

- Patients must not be asked to call back on another day
- Patient's “*appropriate response*” will be extended to be by the end of the next working day core-hour period rather than within the same day core-hours period currently stated; again, this only refers to ensuring the patient understands how their issue will be managed
- Opening times for all modes of access (walk-ins, telephone, and online consultations) to be displayed on website, in practice leaflet and within practice premises

Pharmacy

- Practices are required to have a dedicated monitored email address for receiving information from Community Pharmacies in the event that:
 - GP Connect is unavailable
 - New pharmacy activity is not yet supported by GP Connect
- An existing email address can be used for this purpose
- Practices are required to reconfirm the patient's nominated pharmacy whenever a new (not repeat) prescription is issued
- Referrals/triage tools for community pharmacy services offer patients a full choice of providers, rather than restricting patients to a limited or single option

Other Contractual Changes

- PMS Regulations will be amended to mirror the GMS Regulations that give Commissioners equivalent powers to object to proposed subcontracting arrangements, and on the same basis
- Online and video consultation services reporting to align with existing reporting in relation to Cloud Based Telephony

“Unwarranted Variation” and ICB support

- Practices will be required to engage with support from their commissioners where “unwarranted variation” is identified
- This includes the assessment of all clinically urgent patients on the day
- No other metrics of variation, or what commissioner support entails, have been described
- This will therefore be an interesting exercise – please contact the LMC if your ICB indicates this is being considered

General Practice Staff Survey

- Both GP practice and PCN staff are to be invited to participate in the General Practice Staff Survey
- Includes sharing staff contact details with ICB so personalised surveys can be sent

GP Engagement with the Lung Cancer Screening Programme

- Requirement to share data with the Lung Cancer Screening Programme
- LMC advise on the workload implication of this (and other) Screening Programmes remains the same

GP Patient Registration

- Practices will be required to use online registration for all patient registration, entering information from paper registration forms if necessary

Patient deregistration proposal

- This was discussed during consultation
- There is a gradually widening gap between GP registered population and national population surveys, of approximately 4% plus
- Proposal was to use other data to identify patients no longer in the UK and waive the FP69 three-month rule
- Pilots indicate low error rate but only involve a limited set of patient cohorts
- Despite not being contractually adopted, NHS England/PCSE will continue with pilots and modelling, drawing on wider sources of data

Extension of Vaccination programme to include RSV

- Inclusion of JCVI recommended adult patients RSV over 80 and over and all residents in adult care homes who are eligible via the SFE
- Standard IOS fee applies

Neighbourhoods

- No discussion during contract consultations except in relation to PCN configuration
- MNP can be an annex to the NHS Standard Contract
- SNP and MNP put out to public consultation during 2026
- No implementation until April 2027 at earliest
- Continuing GP engagement but realism on time, funding, potential risks and policy uncertainty



[BMA announces referendum on unacceptable changes to the GP contract in England - Surrey and Sussex LMCS](#)

Next Steps

- Vote in referendum (BMA members only)
- Closes midday 25th March
- GPC England recommends vote No
- GPC England meets on 26th March and will recommend next steps in terms of Collective Action/Industrial Action
- Door is still open for genuine negotiations with Government

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A Reminder about LMC Buying Group Membership

The LMC Buying Group helps GP practices save money on products and services they regularly buy. The Buying Group have negotiated excellent discounts on a wide range of products and services from their approved suppliers.

Buying Group membership is completely free and there is no compulsion to use all the suppliers. They do the hard work associated with finding the most competitive suppliers in cost and customer service, so they save you time as well as money on your purchasing!

Although the Buying Group was originally set up to help GP practices save money on the products and services they regularly buy, membership is now also open to GP Federations and Primary Care Networks.

If you're not sure whether you're a member and/or have access to the Buying Group website (this is where you can view the pricing/discounts and get quotes) then contact the Buying Group team on 0115 979 6910 or info@lmcbuyinggroups.co.uk. They can also help you with any questions you might have about your membership or the suppliers.



Why use the Buying Group?

- ✓ No membership fees
- ✓ Excellent negotiated discounts from a range of suppliers
- ✓ Quality products and services
- ✓ Free cost analysis for members
- ✓ No need to 'shop around' anymore – we've done the hard work already!
- ✓ Access to a recruitment platform to advertise your clinical and non-clinical roles for free and a premium 'Featured Job' package for a small fee.
- ✓ Access to a community resource hub