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Primary Care Networks: Network Contract Directed Enhanced Service from April 2026

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To:

- All GP practices in England
- Primary care networks:
 - clinical directors

cc.

- Integrated care boards:
 - primary care leads
 - chief executive officers
 - chief medical officers
- NHS England regions:
 - regional directors
 - regional directors of commissioning
 - regional directors of primary care
 - regional primary care medical directors

Dear Colleagues

Primary Care Networks: Network Contract Directed Enhanced Service from April 2026

Explanatory note

1. NHS England has today published an updated Network contract directed enhanced service (DES) specification 2026/27 and Part A and Part B guidance (<https://www.england.nhs.uk/gp/investment/gp-contract/network-contract-directed-enhanced-service-des/>), which take effect from 1 April 2026. These implement the arrangements for primary care networks (PCNs) within wider arrangements for the GP contract in 2026/27 (<https://www.england.nhs.uk/long-read/changes-to-the-gp-contract-in-2026-27/#annex-a-detail-of-the-changes-to-the-gp-contract-in-2026-27>).
2. The updated specification introduces these principal changes to the following areas:

The Additional Roles Reimbursement Scheme (ARRS)

a. ARRS funding will continue into 2026/27, including funding for the cohorts of GPs recruited during 2024/25 and 2025/26, which totals £197 million for the full year. The ARRS will also be made more flexible in 2026/27 with the following changes:

- i. removing the restriction that ARRS funding can only be claimed for recently qualified GPs;
- ii. increasing the maximum reimbursement that can be claimed for GPs via ARRS to the top of salaried GP pay range plus on costs: and
- iii. allowing PCNs to recruit a broader range of ARRS roles, where agreed with the commissioner.

b. The eligibility criteria for GPs has been updated to remove the restriction relating to CCT completion within the last two years. Eligibility now applies to any GP, provided they have not been substantively employed as a General Medical Practitioner in a Core Network Practice of the PCN at any point in the previous 12 months.

c. In order to support the recruitment of GPs via the ARRS, the salary element of the maximum reimbursement amount that PCNs can claim will be increased from £82,418 in 2025/26 to £118,759 in 2026/27 and to £120,921 for GPs in London (representing the top of the salaried GP pay range). This reflects that the scheme is now open to a wider range of GPs.

d. Proportionate employer on-costs will also be included within the overall maximum reimbursement amount. There will be an annual equivalent maximum reimbursement amount (salary plus on-costs) for those GPs outside London (£152,900) and an annual equivalent maximum reimbursement amount (salary plus on-costs) including London weighting (£155,698).

Capacity and Access Payment

e. We have repurposed the Capacity and Access Payment, worth £292 million, to introduce a new practice-level GP reimbursement scheme. This will enable practices to recruit new GPs or increase the number of sessions from GPs already working in the practice. These changes are designed to strengthen clinically urgent same-day access in general practice. GPs already employed through this funding will be eligible to transfer to the GP reimbursement scheme.

Continuity of care (risk-stratified cohorts)

f. It is now a core requirement for PCNs to use risk-stratification tools to identify and prioritise cohorts for continuity of care, embedding continuity as a core expectation and supporting the development of future continuity models.

Vaccination requirements

g. The Network Contract DES has been updated to include requirements for PCNs to ensure that eligible care home residents are identified and offered seasonal and routine vaccinations in line with national guidance. While PCNs are not required to deliver the vaccinations themselves, they must have arrangements in place to ensure residents are offered vaccination.

h. The Mandatory Network Agreement has been amended to remove the exclusion of Adult Influenza and COVID-19 vaccination from collaborative delivery, meaning practices can now work together to deliver the seasonal vaccination Enhanced Service under the Network Contract DES.

Cancer and non-cancer screening

i. Requirements to improve cancer referrals, early diagnosis and screening uptake, including expectations on referral quality, stronger safety-netting and clearer responsibilities for supporting eligible patients have been included. This will provide operational clarity and support consistent, effective delivery across PCNs.

General Practice Staff Survey

j. The Network Contract DES now requires that practices and PCNs participate in the General Practice Staff Survey, including sharing staff contact details with their ICB so personalised survey links can be issued.

PCN and neighbourhood alignment

k. PCNs are required to work with their ICB to better align PCN lists with neighbourhood boundaries, this is only intended for limited cases where current geography does not reflect local communities and is not intended to disrupt well-functioning PCNs with geographically contiguous boundaries.

3. The amendments to the Network Contract DES specification 2026/27, Part A guidance: clinical, and Part B guidance: non-clinical – are highlighted in yellow within the documents.

Participation

4. Practices already signed up in 2025/26 will automatically participate in the updated 2026/27 DES. This means that PCNs with no changes to their membership or information do not need to submit any sign-up information to their commissioner to continue to participate.

5. PCNs with changes must notify the commissioner by 30 April 2026 to seek approval of those changes. All participating practices must agree a variation to incorporate the specification into their contracts.

6. If a practice wishes, opt out of the DES, it must inform its commissioner by 30 April 2026. The commissioner will work with the remaining practices in the PCN to consider the consequences, including whether the PCN remains viable.

7. Similarly, if a practice wishes to opt into the DES, it must inform its commissioner by 30 April 2026 in accordance with the process set out in the DES Specification and Guidance.

NHS England

Appendix 1: At a glance guide to contract changes for 2026/27

Policy change	Amended Specification section	Amended part A Guidance: Clinical	Amended part B Guidance: Non-clinical
PCN and neighbourhood alignment	Section 5.1		
Removal of CAP (CASP and CAIP)	Sections 5.2, 10.1, 10.4,		Section 11
Participation in General Practice Staff Survey	Sections 5.4, 7.4		Section 5.7
Remove restrictions on newly qualified GPs and updated eligibility criteria	Section 7.3		Section 7.4
New other non-direct patient care role added to ARRS.	Section 7.3		Sections 7.4, 8.4
Amended cancer requirements	Section 8.3	Section 2.1	
Continuity of care (risk-stratified cohorts)	Section 8.4		

Policy change	Amended Specification section	Amended part A Guidance: Clinical	Amended part B Guidance: Non-clinical
Amendment to the Mandatory Network Agreement to allow collaborative delivery of seasonal vaccinations	Section 8.4		Section 9.1
Additional vaccine requirement in Aligned Care Homes	Section 8.4	Section 2.2	Section 9.1
Remove reference to ' <i>except where a Core Network Practice has prior written approval from the commissioner</i> ' to mirror core contractual requirements	Section 8.6		
Requirement to include persons professional registration number on online portal	Section 10.5		Section 7.6

Policy change	Amended Specification section	Amended part A Guidance: Clinical	Amended part B Guidance: Non-clinical
Amendment to indicator CAN04 in the Investment and Impact Fund (IIF) to reflect technical changes NICE guidance and additional wording on safety netting			Section 12.10
Updated Ready Reckoner.			Section 7.3
Updated Core PCN Funding amount.	Section 10.4, Table 1		Section 10.1, Table 2
Updated Enhanced Access Payment amount.	Section 10.4, Table 1		Section 10.1, Table 2
Updated Care Home Premium amount.	Section 10.4, Table 1		Section 10.1, Table 2
Updated maximum reimbursement amounts for ARRS roles.	Section 10.5, Tables 2, 3a, 3b and 3c.		

Policy change	Amended Specification section	Amended part A Guidance: Clinical	Amended part B Guidance: Non-clinical
Changes to the minimum role requirements for Social Prescribing Link Workers in the ARRS.	Annex B.3		
Changes to the minimum role requirements for Physician Associates (also known as Physician Associates)	Annex B.6		
Changes to the minimum role requirements for First Contact Physiotherapists	Annex B.7		
Changes to the minimum role requirements for Dietitians	Annex B.8		
Changes to the minimum role requirements for Podiatrists	Annex B.9		
Changes to the minimum role requirements for Occupational Therapist	Annex B.10		

Policy change	Amended Specification section	Amended part A Guidance: Clinical	Amended part B Guidance: Non-clinical
Changes to the minimum role requirements for Paramedics	Annex B.13		
Changes to the minimum role requirements for Advanced Nurse Practitioners in the ARRS.	Annex B.15		

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