North & South Essex
Local Medical Committees

Changes to the GP Contract 2026/27

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GP Contract Changes 2026/27 – Summary

- **Overall aim:**
- Build on recent improvements in patient access, with a stronger focus on increasing GP capacity and shifting care from treatment to prevention.
  - Funding:GP contract investment rises by £485 million
  - Total contract value: ~£13.9 billion
  - Growth: 3.6% cash / 1.4% real terms

Increasing GP Capacity

- New practice-level GP reimbursement scheme to:
  - Recruit more GPs or increase GP sessions
  - Funded by repurposing £292m from PCN Capacity and Access Payment
  - ARRS changes:Removes restriction to only recently qualified GPs
  - Increases reimbursement limits
- Goal: Improve same-day access for urgent patients

Access Requirements

- Clinically urgent patients: Must be seen same day
- Non-urgent patients: Must receive a response by next working period (not necessarily an appointment)
- Practices must:
  - Not ask patients to call back
  - Not cap online consultation requests

GP Contract Changes 2026/27 – Summary

Quality and Outcomes Framework (QOF)

- Updated to align with latest NICE guidance
- Adds obesity-related indicators (weight management + medicines optimisation)
- +18 QOF points (~£25m) to support changes

Vaccinations

- New QOF thresholds to reward improvement (especially in deprived areas)
  - RSV vaccine expansion:All 80+ adults
  - Care home residents
- PCNs must ensure care home residents are offered vaccinations (not necessarily deliver them)

Other Changes

- Increased use of Advice and Guidance
- Staff survey extended to all practice and PCN staff
- Underperforming practices must engage with ICB support

Bottom line

The contract focuses on:

- More GPs and better access (especially urgent care)
- Stronger prevention (QOF + vaccinations)
- Clearer patient pathways and expectations

GP Contract Finance

The GP contract uplift for 2026/27 is £485 million, bringing it to a total of £13,863 million, including Advice and Guidance funding. This uplift represents a 3.6% cash increase or 1.4% real terms growth relative to the GDP deflator. This includes:

- a pay assumption of 2.5% in 2026/27, to revisit in light of pay review bodies' recommendations
- additional funding to support the changes to QOF outlined below
- funding to cover the costs nationally of other cost growth pressures, including from premises cost inflation

What will the new Global Sum payment per weighted patient be? The Global Sum Payment per weighted patient (pwp) will increase to £130.07. This is an increase of £6.73 compared to 2025/26 reflecting a 5.4% increase. (Global sum 2025/26 pwp = £123.34). This is confirmed on **page 6** in the Statement of Financial Entitlements Directions 2026 in this link.

Core Practice Contract

Practice-level GP reimbursement

NHSE will introduce a practice-level GP reimbursement scheme, using **£292 million** of repurposed funding from the current PCN level Capacity and Access Payment. The funding will be available to practices to recruit additional GPs or fund additional sessions from existing GPs to support clinical same day urgent access in general practice. The Capacity and Access Payment (CASP and CAIP) will be removed from the Network Contract DES.

To support understanding of demand in general practice we will collect data against 5 metrics and encourage practices to use this data to improve services for patients:
i. call waiting time between 8am and 10am
ii. call waiting time during core hours
iii. percentage of clinically urgent (as determined by the practice) seen on the same day
iv. percentage of 'non-clinically urgent' seen within 1 week
v. percentage of 'non-clinically urgent' seen within 2 weeks

The Quality and Outcomes Framework (QOF)

NHSE will make a series of refinements to the QOF for 2026/27 to strengthen alignment with updated NICE guidance and support more clinically effective care. This includes:

a. updating the childhood vaccination indicators to reflect the introduction of the MMRV vaccine
b. introducing a new diabetes indicator requiring delivery of all 8 NICE recommended care processes
c. adding 2 new obesity related indicators to support referrals into structured weight management programmes and medicines optimisation. The Weight Management Enhanced Service will be retired
e. updating the heart failure indicators to reflect the NICE recommended '4 pillars' of treatment
f. streamlining by combining and simplifying existing measures

These changes are supported by an additional 18 QOF points (c £25 million) and are intended to enhance clinical outcomes, modernise the scheme and ensure indicators reflect current evidence and best practice.

NHSE will update the QOF guidance to introduce additional improvement thresholds for the three childhood vaccination QOF indicators (VI001, VI002 and VI003) for 2026/27. The Statement of Financial Entitlements (SFE) will be updated during 2026/27 to reflect this change. These changes are intended to recognise and reward practices, particularly those in more deprived areas that may not meet the existing achievement thresholds but demonstrate meaningful and sustained improvement in vaccination uptake.

Current thresholds for these vaccination indicators remain unchanged. However, for 2026/27, practices will have an additional opportunity to earn QOF points by improving against their own baseline, calculated as a 2-year average. At year-end, practices will receive whichever points allocation is higher:

- points based on traditional achievement thresholds, or
- points awarded on a sliding scale for improvement from baseline

The Quality and Outcomes Framework (QOF)

The improvement thresholds will be stretching but achievable, with the lower improvement threshold set at five percentage points above baseline for all three indicators and an expanded range between lower and upper improvement thresholds to reward significant progress. The maximum QOF points available for each indicator is unchanged.

Proposed new improvement thresholds for 2026/27:

- VI001: 5–18 percentage points
- VI002: 5–23 percentage points
- VI003: 5–30 percentage points

Same-day response for clinically urgent needs

NHSE will amend the core practice contract to explicitly require that requests identified as clinically urgent, as determined by the GP practice, must be dealt with on the same day.

Practices must not ask patients to call back another day

NHSE will update the contract to specifically set out the requirement that practices must not ask patients to call back, or make contact, on another day. In parallel, NHSE will amend the existing 'appropriate response' requirement to provide greater flexibility for non-clinically urgent contacts. Practices will still need to provide patients with a timely appropriate response confirming next steps, but this will be required by the end of the next working day (rather than within the same core hours period). This does not mean the patient's non-clinically urgent request must be fully dealt with by then; rather the patient should understand how and when their issue will be managed.

No capping of online consultation volumes

NHSE will amend the core practice contract to explicitly require that online consultation systems must not cap the number of requests that can be submitted during core hours. This will ensure that patients are able to contact their practice throughout core hours via all routes of access, and that online consultations operate with the same parity as telephone and walk-in access.

RSV older adult cohort expansion

The SFE will be amended to reflect the extension of the RSV vaccination programme to all adults aged 80 and over and all residents in care homes for older adults, in addition to existing cohorts. Practices will receive an Item of Service fee for each vaccination.

Embedding Advice and Guidance

NHSE will amend the contract to embed the current Advice and Guidance Enhanced Service funding within core practice funding. Practices will be required to use Advice and Guidance prior to or in place of a planned care referral where clinically appropriate and to follow locally agreed referral pathways, including single point of access models once introduced. Advice and Guidance has shown clear value in supporting timely specialist input, reducing unnecessary referrals and ensuring patients receive timely care in the most appropriate setting. Alongside this, NHS England is asking trusts to work towards achieving national operational processing standards, to ensure the consistent and timely provision of specialist advice across pathways. The Advice and Guidance Enhanced Service will be retired.

Access to data to support monitoring

NHSE will amend the GP Contract Regulations to align with existing cloud based telephony (CBT) requirements and to require practices to provide timely data and information related to online and video consultation services, enabling consistent monitoring of access, patient experience and system performance. The intention is not to performance manage practices, but to support a clearer understanding of access, highlight where improvement may be needed and help identify inequalities.

GP engagement with the Lung Cancer Screening Programme

NHSE will amend the core practice contract to require practices to share data with the Lung Cancer Screening Programme to support its operation.

Streamlining GP registration

NHSE will amend the core practice contract to mandate the use of online registration in all registration cases. Practices will be required to enter information from paper registration forms into the national online registration system and ensure that changes to practice boundaries submitted through NHS England's digital catchment tool are approved by the ICB.

Patient choice of pharmacy

NHSE will amend the core practice contract to expand the provisions on nominated dispensers, requiring practices to reconfirm the nominated pharmacy whenever a new prescription (not a repeat prescription) is issued, and to ensure that referrals and triage tools used for community pharmacy clinical services offer patients a full choice of providers. We expect in practice that most practices do this already and this should not add additional burden to appointments.

Dedicated GP email for pharmacy communications

NHSE will amend the core practice contract to require practices to have a dedicated, monitored email address. It will be for receiving information from community pharmacies in the event that GP Connect is unavailable and for new or emerging pharmacy activity that is not yet supported through GP Connect (for example, independent prescribing in community pharmacy). The email address must be kept up to date and shared with the Directory of Services.

Existing practice email addresses can be used for this purpose and the provision will not require a new one to be set up. This email address is intended to act as a safety-net where the GP Connect route may be unavailable, helping to ensure that important clinical information is received in a timely way. The intention is to strengthen patient safety and ensure timely transfer of information, while keeping the requirement as simple and proportionate as possible for practices.

General Practice Staff Survey

NHSE will amend both the core practice contract and the Network Contract DES to require 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.

Requirement for practices to engage with ICB support

NHSE will amend the core practice contract to require practices to engage with support from their ICB where unwarranted variation has been identified in contractor performance. This includes where practices are not meeting their requirement to see all clinically urgent patients on the same day or are at risk of contractual breach.

Amending PMS Regulations to align with GMS Regulations on subcontracting

NHSE will amend the PMS Regulations to mirror the GMS Regulations. This will give commissioners equivalent powers to object to subcontracting arrangements where patient safety, financial risk or delivery of contractual obligations may be affected. Supporting guidance will be issued to clarify expectations.

Displaying opening times for all access modes

NHSE will amend the core practice contract to require practices to display opening times for all modes of access (walk-in, telephone and online consultation) on their website, in their practice leaflet and within practice premises. As a minimum this must be core hours for all modes of access.

The Network Contract Directed Enhanced Service (DES)

Additional Roles Reimbursement Scheme (ARRS)

NHSE will amend the Network Contract DES to remove the restriction that ARRS funding can only be claimed for recently qualified GPs. The maximum reimbursement that can be claimed for GPs via the ARRS will be increased. PCNs will be able to claim up to a maximum of the top of salaried GP pay range plus employment on costs. We will also enable PCNs to recruit a broader range of ARRS roles, where agreed with the commissioner.

Vaccination requirements in care homes

NHSE will amend the Network Contract DES to include explicit requirements for PCNs to ensure that eligible care home residents are identified and offered seasonal and routine vaccinations in line with national recommendations, with supporting guidance to clarify roles and responsibilities. This does not necessarily mean that PCNs are responsible for delivering the vaccinations but they must ensure arrangements are in place to offer vaccination, which could be delivered by the registered practice or, if agreed, another practice in the PCN or a subcontracting arrangement.

Enabling collaboration for seasonal vaccinations

NHSE will amend the Mandatory Network Agreement to remove the existing exclusion of flu and COVID-19 vaccination from collaborative delivery under the Network Contract DES. Should practices wish to collaborate to deliver the seasonal vaccination Enhanced Service, they will be able to do so under the Network Contract DES.

Amending cancer requirements in the Network Contract DES

NHSE will amend the Network Contract DES to provide clearer requirements for improving cancer referral practice, early diagnosis and screening uptake. The updated wording introduces explicit expectations around reviewing referral quality against NICE Guideline NG12, strengthening and standardising safety netting (including use of electronic tools) and setting out clearer responsibilities for proactively identifying and supporting eligible patients to engage with cancer and non-cancer screening programmes. These amendments will retain the high-level intent of the DES while providing additional operational clarity to support consistent, effective delivery across PCNs.

Continuity of care (risk-stratified cohorts)

NHSE will make it a core requirement for PCNs to identify and prioritise cohorts for continuity of care using risk stratification tools as part of their core activities. This will make continuity a core expectation within primary care and support future work to embed more meaningful continuity models in subsequent contract reform.

PCN and neighbourhood alignment

NHSE will amend the Network Contract DES to require PCNs to work with their ICB to achieve greater alignment between the PCN registered list and the neighbourhood, where an ICB works with the local authority to define a neighbourhood around a natural community that does not match current PCN geography.

This change is not intended to signal widespread reconfiguration of PCNs. It is expected to apply only in limited circumstances and is designed as a pragmatic safety net where existing arrangements clearly do not reflect local communities.

Annex B

The below Annexe provides more details on QOF changes in the 2026/27 GP Contract:

- Annex B - Table on QOF changes

This LMC document summarises the NHS England ‘Changes to the GP Contract 2026/27’ document which can be found in full here and was published on 24 February 2026 - updated 4 March 2026

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